# Medicare Hospital

Report

EMBARGOED FOR RELEASE: WEDNESDAY, JUNE 10, 1992 6 P.M. EDT

1992 Oregon

PUBS RA 981 A2 M43 1988-1990, v.

# MEDICARE HOSPITAL INFORMATION

1988 • 1989 • 1990

Volume 39

**OREGON** 

Louis W. Sullivan, M.D. Secretary

U.S. Department of Health and Human Services

WILLIAM TOBY

Acting Administrator
Health Care Financing Administration

# STATES BY VOLUME

VOL	STATE	VOL	STATE
1	ALABAMA	28	MONTANA
2	ALASKA	29	NEBRASKA
3	ARIZONA	30	NEVADA
4	ARKANSAS	31	NEW HAMPSHIRE
5	CALIFORNIA (Part 1)	32	NEW JERSEY
6	CALIFORNIA (Part 2)	33	NEW MEXICO
7	COLORADO	34	NEW YORK
8	CONNECTICUT	35	NORTH CAROLINA
9	DELAWARE	36	NORTH DAKOTA
10	DISTRICT OF COLUMBIA	37	OHIO
11	FLORIDA	38	OKLAHOMA
12	GEORGIA	39	OREGON
13	HAWAII,	40	PENNSYLVANIA
	AMERICAN SAMOA	41	PUERTO RICO
	GUAM		VIRGIN ISLANDS
14	IDAHO	42	RHODE ISLAND
15	ILLINOIS	43	SOUTH CAROLINA
16	INDIANA	44	SOUTH DAKOTA
17	IOWA	45	TENNESSEE
18	KANSAS	46	TEXAS (Part 1)
19	KENTUCKY	47	TEXAS (Part 2)
20	LOUISIANA	48	UTAH
21	MAINE	49	VERMONT
22	MARYLAND	50	VIRGINIA
23	MASSACHUSETTS	51	WASHINGTON
24	MICHIGAN	52	WEST VIRGINIA
25	MINNESOTA	53	WISCONSIN
26	MISSISSIPPI	54	WYOMING
27	MISSOURI	55	TECHNICAL SUPPLEMENT

# **FOREWORD**

The mission of the Health Care Financing Administration (HCFA) is to promote the timely delivery of appropriate, quality health care to the nation's aged, disabled, and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible, and that agency policies and actions promote efficiency and quality within the total health care delivery system.

To that end, the annual release of the <u>Medicare Hospital Information</u> report is a key element in our continuing efforts to improve the effectiveness of medical practice and the quality of care provided to Medicare beneficiaries. It is also an important step in helping beneficiaries make more informed health care decisions.

The information in this release is not intended as a direct measure of quality of care. It is best used as a "screening tool"—that is, to identify potential problems for further review and, in consultation with medical staff, to evaluate a hospital's strengths and weaknesses. Thus, we believe that consumers can use this information to ask questions of their physicians, rather than reach judgments about the quality of care in a particular hospital. We also expect this information to be used by hospital administrators, physicians, peer review organizations, State survey and certification agencies, and researchers.

This publication presents information to answer the question "What is the actual mortality rate within a certain period of time for each hospital compared to the rate that would have been predicted, given what we know about the characteristics of the patients admitted?" Our basic approach to analyzing hospital mortality information has remained unchanged for the past five years; however, since the last publication of mortality information in May 1991, we have made some significant changes both in our methodology and in the way we display the results of our analysis. The four principal changes in the 1992 report are:

- A graphic presentation of the predicted and observed mortality rates for most hospitals for "All Causes" for Federal fiscal years 1988-1990 at 30, 90, and 180 days;
- The addition of information on certain variables that we use in computing the predicted mortality rates for each hospital;
- The addition of information on the geographic origin of each hospital's patients; and

• A comparison of the average length of stay in each hospital with the average for the State and Nation.

These refinements should make this information an even more valuable educational tool to help improve the quality of care in hospitals. The changes were reviewed by a panel of outside experts. The methodology used to calculate the observed mortality rate, the predicted mortality rate, and the standard deviation are briefly described in the Technical Information section of the Introduction to this volume and in more detail in the Technical Supplement (Volume 55).

We acknowledge the assistance we have received from the American Hospital Association—not only for providing the information detailing selected hospital characteristics, but also for alerting its members to the importance of this information. We are also grateful to the personnel in each hospital who took the time to review the data thoroughly and to provide us with comments and suggestions. As before, we have published individual hospitals' comments in their respective State volumes. Over the years, these communications have helped to improve and refine the information included in this publication.

HCFA is committed to improving the <u>Medicare Hospital Information</u> report. To that end, we are continuing to work with representatives of hospital, consumer, employer and other organizations to make this annual report as useful as possible for all consumers.

# TABLE OF CONTENTS

Introduction	vii
ALBANY GENERAL HOSPITAL	2
ASHLAND COMMUNITY HOSPITAL	4
BAY AREA HOSPITAL	6
BESS KAISER MEDICAL CENTER	8
BLUE MOUNTAIN HOSPITAL	10
CENTRAL OREGON DISTRICT HOSPITAL	12
COLUMBIA MEMORIAL HOSPITAL	14
COQUILLE VALLEY HOSPITAL	16
COTTAGE GROVE HOSPITAL	
CURRY GENERAL HOSPITAL	20
DOUGLAS COMMUNITY HOSPITAL	22
EASTMORELAND GENERAL HOSPITAL	24
EMANUEL HOSPITAL & HEALTH CENTER	26
GOOD SAMARITAN HOSPITAL & MEDICAL CENTER	28
GOOD SAMARITAN HOSPITAL CORVALLIS	30
GOOD SHEPHERD COMMUNITY HOSPITAL	32
GRANDE RONDE HOSPITAL	34
HARNEY DISTRICT HOSPITAL	36
HOLLADAY PARK MEDICAL CENTER	38
HOLY ROSARY MEDICAL CENTER	40
HOOD RIVER MEMORIAL HOSPITAL	42
JOSEPHINE MEMORIAL HOSPITAL	44
KAISER SUNNYSIDE MEDICAL CENTER	46
LAKE DISTRICT HOSPITAL	48
LEBANON COMMUNITY HOSPITAL	50
LOWER UMPQUA HOSPITAL	52
MCKENZIE-WILLAMETTE MEMORIAL HOSPITAL	54
MCMINNVILLE COMMUNITY HOSPITAL	56
MEDICAL CENTER HOSPITAL	58
MERCY FOREST GLEN HOSPITAL	60
MERCY MEDICAL CENTER INC.	62
MERIDIAN PARK HOSPITAL	64
MERLE WEST MEDICAL CENTER	66
MID-COLUMBIA MEDICAL CENTER	68
MOUNT HOOD MEDICAL CENTER	70
MOUNTAIN VIEW HOSPITAL	72
NEWBERG COMMUNITY HOSPITAL	74
NORTH LINCOLN HOSPITAL	
OREGON HEALTH SCIENCES UNIV HOSPITAL	
PACIFIC COMMUNITIES HOSPITAL	
PEACE HARBOR HOSPITAL	

PIONEER MEMORIAL HOSPITAL 84
PIONEER MEMORIAL HOSPITAL 86
PORTLAND ADVENTIST MEDICAL CENTER 88
PROVIDENCE HOSPITAL
PROVIDENCE MEDICAL CENTER 92
PROVIDENCE MILWAUKIE HOSPITAL
PROVIDENCE SEASIDE HOSPITAL 96
ROGUE VALLEY MEDICAL CENTER. 98
SACRED HEART GENERAL HOSPITAL
SALEM HOSPITAL 102
SANTIAM MEMORIAL HOSPITAL
SILVERTON HOSPITAL 100
SOUTHERN COOS GENERAL HOSPITAL 108
SOUTHERN OREGON MEDICAL CENTER
ST ANTHONY HOSPITAL
ST CHARLES MEDICAL CENTER 114
ST ELIZABETH HOSPITAL/HEALTH CARE CENTER
ST HELENS HOSPITAL & HEALTH CENTER
ST VINCENT HOSPITAL & MEDICAL CENTER. 120
TILLAMOOK COUNTY GENERAL HOSPITAL
TUALITY COMMUNITY HOSPITAL
TUALITY FOREST GROVE HOSPITAL 120
UMPQUA VALLEY COMMUNITY HOSPITAL 123
VA HOSPITAL 130
VALLEY COMMUNITY HOSPITAL 133
WALLOWA MEMORIAL HOSPITAL 134
WILLAMETTE FALLS HOSPITAL
WOODLAND PARK HOSPITAL
State and National Hospital Information

Hospital Comments

# INTRODUCTION

The <u>Medicare Hospital Information</u> report contains information on acute care hospitals that treated Medicare patients discharged in Federal fiscal year (FY) 1990 (October 1, 1989—September 30, 1990).

This year's publication set consists of 54 State volumes and a Technical Supplement (Volume 55). There is one volume per State, except that California and Texas have two volumes each, Hawaii is combined with American Samoa and Guam, and Puerto Rico and the Virgin Islands are combined together in one volume.

Each hospital's two summary data pages are arranged alphabetically by hospital name in each State volume. These data pages consist of:

- The hospital's FY 1990 Medicare hospital mortality rates;
- A graphic presentation of the predicted and observed mortality rates for most hospitals for "All Causes" for FYs 1988—1990 at 30, 90, and 180 days;
- The FY 1990 values for selected explanatory factors used to predict the mortality rates;
- Origins and lengths of stays of Medicare admissions; and
- Hospital characteristics, such as the number of beds and other characteristics, which we obtained from data contained in the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals files or, when such information was not available from the AHA file, the Health Care Financing Administration's (HCFA) Online Survey, Certification and Reporting System (OSCAR) file.

Please note that the information regarding origins and lengths of stays and hospital characteristics are presented strictly for information purposes only. They were not used to calculate the hospital's predicted mortality rates.

Toward the end of each volume, we include both State and national mortality rates developed by our analysis, as well as the comments we received from individual hospitals.

#### **DESCRIPTION OF MORTALITY INFORMATION**

The mortality rates at a given hospital may reflect, among other factors, the age, sex, diagnoses, and severity of illness of patients admitted to that hospital, as well as the quality of care they received. Factors affecting health and the probability of death vary among the patient populations served by individual hospitals. Consequently, the mortality rates in different patient populations vary considerably.

These latest analyses of the mortality rates associated with Medicare hospitalizations are similar to those carried out in the four prior years. Only one hospitalization for every patient was used. As in last year's analysis, when a patient had multiple hospitalizations during the fiscal year, one stay was selected at random to be analyzed. We believe that the use of the randomly selected admission provides a better representation of a typical hospital admission and permits us to calculate mortality rates more nearly like those the hospital itself would calculate for its patients.

Although we publish data only on deaths which occur within 180 days of admission to the hospital, for purposes of analysis our methodology actually considers deaths which occur any time within 365 days of admission (with the exception that no date of death later than April 1, 1991 is used). This is part of the formula which assesses the long-term risk of mortality. With this approach, information about the early and later results of the hospitalization is provided. This is important because diseases evolve with different time courses, and treatments may have different short- and long-term effects. The choice of at least 180 days allows substantial followup consistent with timely reporting of HCFA data.

We again analyzed the data on a fiscal year, rather than on a calendar year, basis because it allows us to report on recent hospitalizations. Also, new Medicare rules are often instituted on a fiscal year basis.

For each hospital, mortality rates are presented for overall Medicare patient mortality and for eight medical conditions and nine procedures. The information consists of the number of Medicare patients; the observed or actual mortality rate (OBS); the predicted mortality rate (PRED), given the mix of patients; and a standard deviation (SD), a measure of the uncertainty of the predicted rate.

The following information will be helpful when reviewing specific information for any given hospital.

#### Number Of Cases

This is the number of individual Medicare beneficiaries whose discharge in a fiscal year from the short-term, acute care hospital listed was selected for analysis. The total number of cases randomly selected for each hospital is presented under the category "All Causes." The eight medical condition and nine surgical procedure categories are subgroupings drawn from the "All Causes" selection. Although a particular patient may appear in only one of the eight medical condition categories, that same patient may also appear in one or more of the nine surgical procedure categories. Similarly, a patient may appear in one or more of the nine surgical procedure categories, even though he or she was not included in any of the eight medical condition categories.

The categories chosen for display represent HCFA's interpretation of the categories judged to be important by various outside advisors including the Institute of Medicine. The listed condition and procedure categories do not cover the reason for admission of all the hospitalized Medicare patients in this study. (The ICD-9-CM codes included in each condition and procedure category appear in Table 1 following this Introduction section.)

These conditions and procedures represent the causes for the hospital admission and/or surgical episodes during that stay; they do not necessarily represent the cause of death. HCFA does not have access to cause of death information.

### Observed Mortality Rate (OBS)

The observed mortality rate for each category is the percentage of each acute care hospital's selected Medicare patients who died within 30, 90, or 180 days of the selected admission. This rate does **not** represent the percentage whose death was caused by a particular condition or procedure.

The percentage is rounded to the nearest one-tenth of one percent. Both inhospital deaths and deaths occurring after discharge but within 30, 90, or 180 days of admission are included. For example, if a hospital had 1,000 patients included in the "All Causes" category and 124 of these patients died within 30 days of the selected admission, the 30-day observed mortality rate would be 12.4 percent; if an additional 17 patients died more than 30 but less than 91 days after admission, the 90-day observed mortality rate would be 14.1 percent; and if an additional 13 patients died more than 90 but less than 181 days after admission, the 180-day observed mortality rate would be 15.4 percent.

It is important to note that the observed mortality rate is cumulative; e.g., the 90-day observed mortality rate includes all deaths which occur within 30 days of admission, as well as those occurring more than 30 and less than 91 days after admission.

#### Predicted Mortality Rate (PRED)

The predicted mortality rate for each hospital's patients is derived in part by determining, based on national experience, the contribution to the probability of dying associated with various patient characteristics such as:

- Principal diagnosis (grouped into 23 analytical risk categories),
- Age,
- Sex,
- Previous hospital admissions within the prior six months,
- Admission source (e.g., physician reference, skilled nursing facility reference),
- Admission type (e.g., elective or emergency), and
- The presence of up to seven comorbid conditions—cancer, chronic cardiovascular disease, chronic renal disease, chronic liver disease, chronic pulmonary disease, cerebrovascular degeneration, and chronic diabetes. A list of the ICD-9-CM codes defining the comorbid conditions is in Table 2 following this Introduction section.

#### Standard Deviation (SD)

The standard deviation is a tool to gauge the extent to which the difference between the observed and predicted mortality rate is meaningful. In general, the greater the difference between the two rates, the greater the probability that the difference represents an actual variation from what would be expected in view of the national experience. The less chance that the difference between the PRED and the OBS can be attributed to statistical variability, the more grounds for possible concern about the institution's performance.

Information on how to use the SD to construct prediction intervals for use in assessing the real difference between the OBS and the PRED is included in the Technical Information section of this Introduction. The precision and interpretability of the estimates are weaker when there are no deaths or 50 or fewer cases in a particular category being analyzed. Thus, for these instances, dashes ("---") are placed in the SD column.

# OBSERVED MORTALITY RATE AND PREDICTED RANGE FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

Also in this year's report, we have presented graphs that display the information for most hospitals described above for FYs 1988 and 1989, as well as FY 1990. (In particular, these graphs could not be computed for hospitals that had 50 or fewer cases or no deaths in FYs 1988, 1989, or 1990). In constructing the graphs, we used 2 times the standard deviation to approximate a 95 percent prediction interval. The observed mortality is shown as a dot (•). The predicted mortality is shown at the middle of a range of mortality rates. The bottom of the range is the predicted mortality minus twice the standard deviation, and the top of the range represents the predicted mortality plus twice the standard deviation. The graphs for FY 1988 and FY 1989 are based on new random samples and new computations for this year's report. Thus, the calculations for some hospitals for FY 1988 and FY 1989 may be different from previous releases, because we are including more current data in this year's report.

# FY 1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

This year's report includes the FY 1990 average at each hospital of many of the explanatory factors used to predict that hospital's mortality rates. This information provides a profile of the patients used in the analysis and should help to identify possible systematic coding errors in the claims data used to calculate the mortality rates. These percentages are derived from the patients included in the sample and should be applied to the total number of cases listed in "All Causes." It is important to note that neither the admission sources/types nor the comorbidities categories are mutually exclusive. For example, a patient could be both "referred by his personal physician" and "admitted for elective procedure." Similarly, a patient could have secondary diagnoses of both cancer and diabetes.

#### INFORMATION SOURCES AND NOTES

We believe that when the mortality rate information is properly understood and applied, it can be very useful; it can also be misleading if it is interpreted incorrectly. The information simply describes one of several possible outcomes at a hospital—postadmission mortality for Medicare beneficiaries.

Mortality information is not necessarily representative of a hospital's total performance in all aspects of patient care. Individual hospitals may have very good reasons for their rates being higher than the rates predicted by the HCFA model. For example, one hospital might have different death rates than another because its patient mix is not fully accounted for by the model.

Accordingly, we offered each hospital the opportunity to review their specific information and to provide comments to HCFA and the public, and we included those comments that were received timely at the end of this volume. Users should read the discussions about the uses and limitations of the mortality information found on page xiii, as well as any comments a hospital may have provided.

#### Hospitals In The Analysis

The hospitals included in this analysis are participating in Medicare as short-term, acute care facilities—all have a zero in the third position of their Medicare provider number. All other hospitals—those with something other than a zero in the third position of their provider number, such as rehabilitation facilities or psychiatric institutions—were excluded. This year, as in the past two years, we have also excluded hospices.

In some cases, we have included data for hospitals that closed, changed ownership, or changed management either during or subsequent to FY 1990. Our data included for those institutions reflects the situation as it existed at the time the hospitalizations analyzed occurred.

#### Data Sources

This report is based primarily on Medicare hospital billing information for Federal fiscal years 1988, 1989, and 1990. While the principal source of the data for the analysis was the HCFA-maintained Medicare Provider Analysis and Review (MEDPAR) file, which contains information about each Medicare hospitalization, some of the information about beneficiaries, such as date of death, was obtained from the Social Security Administration. Hospitals submit bills to HCFA's fiscal intermediaries (which handle claims for the inpatient care provided to Medicare beneficiaries) which, in turn, submit this information to HCFA. The file is updated on a quarterly basis. Our analysis was based on information available following the June 1991 update of the MEDPAR file. It is estimated that by that time (nine months after the close of the fiscal year), 98 percent of all Medicare discharges in FY 1990 are included in the file.

# Possible Limitations Of The Data

In any large-scale data base, such as the one dealing with Medicare hospitalizations, there will be gaps or inaccuracies. For example, last year some hospitals had not accurately reported the source or type of admission, and thus erroneous information was included in the analysis for those hospitals. However, the fact that the files contain information on about 10 million hospital admissions to nearly 6,000 hospitals for each year provides some assurance that, for purposes of the statistical analysis conducted here, the information that might be

missing or inaccurate is such a small portion of the total that it would have little effect on the results for national estimates. Nevertheless, it may substantially affect an individual hospital if it were the source of the inaccurate information.

While we feel that the information used in this analysis is thorough and complete, there are a few points to keep in mind as you review the mortality information.

The information used is billing data; it is only as good as the information submitted by hospitals as part of the payment process. Although there is always a possibility that coding errors are included, we assume that, given the link to payment, hospitals have an incentive to submit bills accurately and promptly. We do know, however, that some hospitals submitted incomplete or erroneous data.

For example, following last year's public release of the hospital mortality data, several hospitals wrote to HCFA indicating that they had submitted incorrect data. Furthermore, they stated that if they had given us the correct information, their predicted mortality rates would have been higher than those presented in HCFA's report. Therefore, in this year's report we have annotated those hospitals' data pages with a footnote stating: "This hospital says that it submitted inaccurate data to Medicare and claims that its predicted mortality rate should be higher than that presented above." At this point, however, HCFA cannot confirm the validity of those hospitals' claims. The analysis results might very well be different if the data on which they were based were submitted accurately by those hospitals.

In our previous analysis of mortality data, we discovered that some States had zero admissions from a skilled nursing facility. While some of these problems were corrected on the MEDPAR files used for this analysis, at the time this study was initiated we found empirical evidence that some of the files still contained suspect information. The suspect data were identified by noting those months (date of discharge) and fiscal intermediaries for which the type and source of admission fields appeared to be interchanged. Based on our findings, we reversed these fields to at least partially correct the remaining discrepancies. The following list shows the specific instances for which the fields were reversed for this analysis.

#### TYPE AND SOURCE OF ADMISSION FLIPPED

FI No.	<u>FI Name</u>	<u>Dates</u>
00030	Arizona Blue Cross	10/01/86 — 12/31/88
08000	Maryland Blue Cross/DC	06/01/87 — 09/30/87
00190	Maryland Blue Cross	06/22/87 — 12/31/88
00400	Texas Blue Cross	12/07/87 — 12/31/88

#### HOW TO USE THIS INFORMATION

There are several key points to remember about the use of this information. First, it is important to understand that the difference between the hospitals' mortality rates and the predicted rates in the tables in this report may not be a direct measure of the quality of care rendered in the hospitals.

Second, the usefulness of this information depends upon the accuracy with which mortality rates can be predicted. We do not currently have any direct measurement tool with which we can fully adjust for severity of patient illness differences among hospitals. For instance, two hospitals may have very different death rates for patients admitted for stroke, even after we have adjusted for age, sex, and several other factors. This might happen because one hospital's stroke patients may consist of a significant number who are admitted in a coma (and are thus more likely to die), whereas another hospital's patient population may represent a broader spectrum of patients with cerebrovascular problems, or because these two hospitals, in fact, do provide different levels of quality of care. In addition, other factors affecting the probability of death in a particular case (e.g., family status/support, overall health status of the patient, etc.) are not included in the predictive model because information on them is not readily available.

Nevertheless, we believe that the information presented in this publication is an important contribution to the health care community and should be helpful to a wide range of individuals and organizations including consumers, hospital administrators, physicians, PROs, and researchers.

# Use By Consumers — Some Key Questions

Consumers should read carefully the explanations of the uses and limitations of the information. Listed below are some questions that we recommend a consumer think about before choosing a hospital. Please keep in mind that this is not a comprehensive list, but it should serve to illustrate the types of questions that are important to consider.

- Why are the hospital's observed mortality rates for "All Causes" consistently and significantly above the predicted rates for FY 1990?
- Why are the hospital's observed mortality rates for the condition for which I need treatment or the procedure I will undergo consistently and significantly above the predicted rates for FY 1990?
- How does this hospital's pattern of mortality compare with that of other hospitals in the State and Nation?

- Is the number of cases too small to present a satisfactory picture of the hospital?
- Does the hospital treat a large number of cases in the category for which I need treatment?
- Does the hospital treat a large number of patients who have several co-existing illnesses or who otherwise are likely to be "sicker" than average?

#### Other Users Of This Publication

Among other users of this publication, we expect that the hospital administrator (in consultation with medical staff) will find the information most useful as a screening tool to evaluate a hospital's strengths and weaknesses. We know that some hospitals and their medical staffs, using established and newly emerging quality assessment techniques, are seeking information that will result in improved health care delivery.

#### Outside Assistance In Developing This Publication

The development and presentation of the Medicare Hospital Information report continues to be an important part of HCFA's responsibilities in the health care community. To make the information as accurate and useful as possible, over the past several years we have discussed the theoretical framework and statistical approach with a number of nationally recognized technical experts in appropriate fields. Based on their recommendations, we believe that the models used in these analyses continue to be reasonable and appropriate.

In the past, we have conducted validation studies of our methodology. In general, these studies have found correlation between poor quality care and hospitals whose observed mortality rates significantly exceed the rates that would have been predicted. However, we have also found that detailed clinical data which more thoroughly characterize the severity of patient's illness, while they do not materially affect results describing the general pattern of mortality, do, in specific instances, alter our assessment of the comparison of the observed to the predicted mortality rates.

The format for presentation, the process for sharing the information with individual hospitals, and the statistical methodology have been discussed at various meetings with leaders of organizations representing Medicare beneficiaries, physicians, and hospitals. Also, we have spent many months reviewing the comments received from the hospitals regarding their patient-specific data for earlier years and our previous mortality information reports. Many suggestions from these sources have been incorporated into this report.

We have carefully investigated comments from individual hospitals on apparent discrepancies or errors generated in previous years. These discrepancies rarely had an effect on a hospital's overall mortality rate. Most of these instances fell into the following two broad categories.

- Inaccurate Date of Death We found that inpatient billing coding errors (e.g., a hospital bill indicating that the patient's status at time of discharge was "expired" when the patient had, in fact, left the hospital alive) created many of these errors. We now have mechanisms in place that allow a continuous update of HCFA's master file, thereby enabling us to make corrections.
- Discrepant Case Counts Our analysis counts only one acute care discharge in a fiscal year; normally, hospitals count each discharge. Thus, a patient admitted three times in a year would count three times for the hospital, but only once for the purpose of analyzing Medicare hospital mortality data presented in this report.

We believe it is important for consumers of health care to have access to as much information about hospitals as possible when making health care choices. Along with hospital characteristics information, we have added this year information about the origin and length of stay of Medicare admissions. This information is presented for comparative purposes only and was not used in calculating a hospital's predicted mortality rates. These data were not part of the analyses, and any errors or discrepancies in them do not affect the predicted mortality rates.

#### ORIGIN OF MEDICARE ADMISSIONS

Data on the geographic origin of each hospital's patients are presented in this year's report. We obtained from the Health Insurance Master file the State and county of residence for each Medicare beneficiary discharged from a Medicare-certified, acute care hospital during FY 1990. We then compared that information with the location of the hospital to determine the percentage of all discharges where the patient lived within the same city/county as the hospital location, within the State where the hospital is located, or outside the State. The percentages are derived by dividing the number of discharges of beneficiaries in a geographic category by the total number of Medicare discharges from the hospital. Please note that these are percentages of total Medicare discharges, not of the mortality sample alone.

#### MEDICARE AVERAGE LENGTH OF STAY

We obtained from the MEDPAR file the total days of care—both Medicare covered and noncovered—and divided that total by the number of discharges from each hospital. Total, rather than covered, days were used because, under the Prospective Payment System (PPS), if a Medicare patient has at least one day of hospital coverage available to him in the current spell of illness, the hospital will be paid the full diagnosis related group (DRG) amount plus any approved outlier amount, regardless of the number of days actually used.

Example: Hospital A had 2,513 Medicare discharges with a total of 24,379 days.

Calculation:  $\frac{24,379}{2,513} = 9.7 \text{ days}$ 

The Medicare average length of stay is 9.7 days.

#### HOSPITAL CHARACTERISTICS

As noted previously, we have again included information on selected hospital characteristics such as the number of beds, occupancy rate, ownership, staffing, and specialty services. This information was obtained from the American Hospital Association's (AHA) 1990 Annual Survey of Hospitals, with the exception of the case mix index (CMI), which was derived from HCFA billing data. This file consists of information voluntarily reported by hospitals to the AHA. In instances where AHA data were unavailable, for example for hospitals that did not respond to the AHA survey, we derived the information from HCFA's Online Survey, Certification and Reporting system (OSCAR). The hospital characteristics and the specific special services listed were selected with the concurrence of the AHA as being those most meaningful to the Medicare population. Information on these specific data elements follows.

# AHA Definitions (except for CMI)

Survey and Year — AHA 1990. Source is the American Hospital Association's 1990 Annual Survey of Hospital files.

#### Profile

Total beds (#) — Number of beds (including subacute beds), cribs, and pediatric and neonatal bassinets regularly maintained (set up, staffed, and ready for use) for inpatients as of the close of the reporting period; does not include bassinets for normal newborn infants.

Occupancy rate (percent) — Ratio of average daily census to the average number of beds (statistical beds) maintained during the 12-month reporting period. (NOTE: The number of these "statistical beds" may differ from the bed count at the close of the reporting period.)

Ownership/control — State government, local government, district/authority, church, private nonprofit, private for profit, or Federal Government.

Medicare discharges — The total number of inpatient discharges for Medicare patients for those hospitals selected for the mortality calculations, including all discharges for persons with more than one hospitalization during the year. (The mortality data include only one randomly selected discharge for each hospitalized enrollee. Therefore, this figure may reflect more discharges than the actual number of cases randomly selected for the mortality study.)

Case mix index (CMI) — A measure of the overall complexity of the Medicare cases treated by a given hospital compared to the complexity of the national average case mix. The CMI represents the relative costliness of each hospital's mix of cases compared to the national average mix of cases. A CMI of greater than one means that a hospital treats more complex cases than average. A CMI of less than one means that a hospital treats less complex cases than average. The CMI for each hospital is calculated on an annual basis. In this report, the CMI presented for each hospital is calculated based on its discharges in FY 1990.

A hospital's CMI is calculated by multiplying the number of cases in each DRG by the relative weight of that DRG, summing the products, and dividing the sum by the total number of cases for the year. For calculating the FY 1990 CMI, use the DRG relative weights published in the *Federal Register*, Volume 54, Number 169, pages 36468 ff., dated September 1, 1989.

# Staffing (all AHA counts are as of 9/30/90)

**Total number of physicians** — Total active and associate medical staff.

Percent of physicians who are board-certified specialists — Physicians who have passed an examination given by a medical specialty board and have been certified by that board as a specialist.

*Medical residents/interns* — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

# Specialty Services

**Burn Unit** — Provides more intensive care to severely burned patients than the usual acute nursing care provided in medical and surgical units. Beds must be set up and staffed in a unit specifically designated for this service.

Cardiac Intensive Care — Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel, and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure,

open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units. Beds must be set up and staffed in a unit(s) specifically designated for this service.

Comprehensive Geriatric — Provides diagnostic and evaluation services that determine elderly patients' long-term care needs. It includes the assessment of medical conditions, functional activities, and mental and emotional conditions, and incorporates these into a treatment plan which includes family and financial concerns as well as medical needs.

Hospice Care — A program providing primarily medical relief of pain and support services to terminally ill patients and assistance to their families in adjusting to the patients' illness and death.

Medical/Surgical Intensive Care — Provides nursing care to adult and/or pediatric patients of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Included are medical-surgical, pediatric, and psychiatric (isolation) units. These units are staffed with specially trained nursing personnel, and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or life-threatening conditions, require intensified, comprehensive observation and care. These units may also include cardiac care when such services are not approved in a distinct cardiac care unit. This category is called "intensive care unit" in OSCAR.

Organ/Tissue Transplant — The hospital has the necessary staff and equipment to perform the surgical removal of a viable human organ or tissue from a donor, either living or deceased, and the surgical grafting of the organ/tissue to a suitably evaluated and prepared patient.

Other Intensive Care — Provides nursing care to adult and/or pediatric patients with a specialized disease or condition of a more intensive nature than the usual medical, surgical, pediatric, and/or psychiatric care on the basis of physicians' orders and approved nursing care plans. Examples reported include oncology or spinal cord injuries. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment appropriate for the patients' specialized conditions.

*Trauma Center* — Provides emergency and specialized intensive care to critically injured patients.

### Other Specialty/Hospital-Based Services

Alcohol/Drug — Hospital services for the medical care and/or rehabilitative treatment of outpatients whose primary diagnosis is alcoholism or other chemical dependency.

**Rehabilitation** — A unit having designated beds and providing a comprehensive array of multidisciplinary medical rehabilitation services.

**Psychiatric** — Care provided to emotionally disturbed, chronically mentally ill, mentally disordered, or other mentally incompetent patients on the basis of physicians' orders and approved nursing care plans. Beds must be set up and staffed in units specifically designated for this service.

Medicare Swing Beds — The hospital is certified by Medicare to provide "swing bed" services; that is, some acute care beds can be used for skilled nursing facility type care in the hospital for Medicare purposes.

# OSCAR Definitions (except for CMI)

Survey and Year — HCFA, most recent year. Data were derived from the Online Survey, Certification and Reporting System (OSCAR).

#### Profile

Total beds (#) — Total number of operational beds eligible for Medicare payment.

Ownership/control — Church; private, nonprofit; other nonprofit; proprietary; Federal Government; State government; local government; and hospital district or authority.

Case mix index (CMI) — See definition shown in AHA "Profile" section.

# Staffing

Medical residents/interns — Full-time equivalent (FTE) medical residents or interns.

Registered nurses — Full-time equivalent (FTE) registered nurses.

Licensed practical nurses — Full-time equivalent (FTE) licensed practical nurses.

# Specialty Services

NOTE: There are no specific definitions of specialty services in OSCAR. Characteristics are self-reported by each hospital at initial Medicare certification and recertification, and are generally understood to parallel the explicit AHA definitions (above). The AHA categories "comprehensive geriatric" and "other intensive care" are not available in OSCAR. However, they may be included in the OSCAR category of other specialty services (not shown in table).

Coronary Care — See definition shown in AHA "Specialty Services" section.

Intensive Care Unit — See definition shown in AHA "Specialty Services" section. These units may also include other intensive care units in OSCAR reporting.

Organ Transplant — See definition shown in AHA "Organ/Tissue Transplant" section. May include tissue transplants because there is not a separate field in OSCAR for these services.

# TECHNICAL INFORMATION

#### **DATA SOURCES**

The data analyzed in this report are obtained from the Medicare Provider Analysis and Review (MEDPAR) file for the fiscal years 1987-1990, which contains information on the hospital stays of Medicare beneficiaries. The principal sources of data for this file are the bills (known as HCFA-1450 or UB-82) submitted by the hospitals to HCFA through fiscal intermediaries. The MEDPAR file also contains data about the beneficiaries, such as age, sex, and date of death, which are obtained from the Social Security Administration, the Railroad Retirement Board, or the Office of Personnel Management.

Hospital stays with discharges in fiscal years 1988, 1989, and 1990 were used in these analyses. Hospital stays in 1987 were used only to characterize the prior admissions of the patients in the 1987 cohort. Only acute care hospital stays in short-term (general and specialty) hospitals were selected. These hospitals have a "0" in the third position of their Medicare provider number. Hospital stays in institutions (designated by a "9" in the fourth position of the provider number) and hospital stays in psychiatric units, rehabilitation units, swing-beds and alcohol/drug units (with "special unit codes" of S, T, U and V, respectively, in the third position) were excluded.

#### THE MORTALITY MODEL

For each beneficiary in each year one hospitalization was selected at random. Choosing a specific hospitalization is necessary to avoid multiple counting of the same death for that year. Selecting a random hospitalization instead of the first or last in the year produces mortality rates that are more representative of the rates that a hospital might calculate for its patients. Also, the mortality rates based on this random selection process reflect an intermediate position between the rates produced by the alternatives.

The selected hospital stays were analyzed separately by analytical category. The analytical categories were created by grouping ICD-9-CM diagnosis codes that had similar mortality patterns. The procedures for creating the analytical categories and the groups of ICD-9-CM diagnosis codes that defined them are detailed in the Technical Supplement.

The mortality experience of the patients was evaluated as a function of time within 365 days of the admission. The factors included in the mortality model used to evaluate each patient's probabilities of death are given in Table 3. They consist of demographic characteristics (age and sex), major comorbidities (chronic diseases likely to have been present at admission and believed to

complicate management and increase the likelihood of an adverse outcome), prior admissions (grouped into five risk or severity levels) within the 6 months preceding the admission evaluated, admission type (emergent, elective, etc.), and admission source (referral from the physician's office, the nursing facility, etc.). The specific reason for the admission (the principal diagnosis) and the performance of selected surgical procedures were additional factors used in the estimation of the predicted probability of death (see below).

The observed mortality rate for a hospital was calculated by means of the lifetable method ("The LIFETEST Procedure," Chapter 22, <u>SAS User's Guide:</u> <u>Statistics</u>, Version 5 Edition, pages 529-557).

#### **ANALYTIC TECHNIQUES**

A time-to-event or survival model with explanatory or concomitant variables was used to ascertain the influence of the patient characteristics listed above on the probability of death. A feature of such a model is allowance for "right censored" observations. Generally, these are events or outcomes which would have occurred but for some interference that prevents further observation. In the present analysis, "right censoring" occurs when a patient is withdrawn alive from the study April 1, 1991 or at the end of the followup period of 365 days.

The survival function, S(t), is one of several equivalent ways of expressing the model. Another form uses the cumulative distribution function or the mortality function

$$F(t) = 1 - S(t)$$
.

Another useful formulation of these models is the hazard function, h(t), also known as the force of mortality or risk function. The hazard is the rate of decrease in the number of survivors relative to the number of survivors at a specific time. Mathematically, the hazard function is

$$h(t) = -\frac{1}{S(t)} \frac{dS(t)}{dt} = -\frac{d \ln(S(t))}{dt}$$

The probability density function, f(t), commonly used in statistical texts can be expressed as follows:

$$f(t) = \frac{dF(t)}{dt} = h(t)S(t).$$

The area under the survival curve is the expected value for t. In some cases, the area under the survival curve is restricted to an interval 0-t<sub>1</sub> where t<sub>1</sub> might be one year, for example.

The specific time-to-event or survival model used in the present analysis is Bailey's modification of the Makeham model. The survival function for the Bailey-Makeham model is

$$S(t) = \exp\left\{-\delta t - \left(\frac{\alpha}{\gamma}\right)(1 - \exp(-\gamma t))\right\}$$
where
$$\alpha = \exp(\alpha_0 + \alpha_1 x_1 + \dots + \alpha_i x_i + \dots + \alpha_k x_k)$$

$$\gamma = \exp(\gamma_0 + \gamma_1 x_1 + \dots + \gamma_i x_i + \dots + \gamma_k x_k)$$

$$\delta = \exp(\delta_0 + \delta_1 x_1 + \dots + \delta_i x_i + \dots + \delta_k x_k)$$

are the expressions for each of the structural parameters  $\alpha$ ,  $\gamma$ , and  $\delta$  in terms of the k concomitant variables  $x_i$  and their associated component parameters  $\alpha_i$ ,  $\gamma_i$ , and  $\delta_i$  for i=1, 2, ..., k and three intercepts or component parameters  $\alpha_0$ ,  $\gamma_0$ , and  $\delta_0$ . The structural parameter  $\delta$  is the long-term risk which is approached as  $t \rightarrow \infty$ . The structural parameter  $\alpha$  is the initial excess risk which decays with rate constant  $\gamma$ .

For the survival function given above, the risk or hazard function has an especially tractable form of an exponential decay which approaches a long-term risk,  $\delta$ . The hazard function corresponding to the survival function above is

$$h(t) = \alpha \exp(-\gamma t) + \delta.$$

The estimation of the component parameters was carried out in a series of steps in which those covariates which had estimable and statistically significant (p<0.05) influences of the probability of death were identified for inclusion in the model. As the model for each of the 23 risk categories was estimated separately, different lists of covariates were used for the final core models.

This first step was followed by the estimation of the additional contribution of specific principal diagnoses in each risk category. In these analyses, the effects of the patient characteristics included in the core models were corrected for. Only those principal diagnoses were retained which were estimable and had more than 900 cases (more than 300 for codes identified by year). Similarly, after adjustment for the effects of both the variables in the core model and the principal diagnoses, correction terms were calculated to estimate the additional information about the probability of death associated with the categorization of the patients into the clinical groups used for the presentation of the data in the mortality tables (see below). These correction terms were negligible for the medical categories but substantial for the surgical categories.

Once the component parameters or regression coefficients  $\alpha_i$ ,  $\gamma_i$ , and  $\delta_i$  have been estimated, the predicted probability of patient death at any specified time after admission, 1-S(t), may be calculated for all individuals. To obtain the predicted mortality rate up to a given time for a hospital, it is then only necessary to average over the predicted probabilities of death of its patients to that time.

The analytical categories are useful for grouping the patients into relatively risk-homogeneous strata for the regressions. However, to gain insights into patterns of practice at hospitals, the data are presented for patients grouped into clinically meaningful medical and surgical categories. The 17 clinical categories used in the mortality tables and defined in Table 1 were identified by the Institute of Medicine as being of particular medical and epidemiologic interest.

# ESTIMATION OF THE STANDARD DEVIATION FOR PREDICTED MORTALITY

The standard deviation of the predicted mortality rate is used to assess how statistically different the observed mortality rate is from the rate predicted by the national experience with like patients. The standard deviation depends, in fact, on the variance of the residual or the difference between the observed,  $\hat{P}$ , and predicted,  $\hat{\Theta}$ , mortality rates.

The residual has four components  $V_1, V_2, V_3$ , and  $V_4$  where  $V_1$  is the variance of the estimate of the predicted probability of death. This computationally intensive term was negligible for nearly all cases, compared to other components of variance. Consequently, this term was not included in the present analysis.

 $V_2$  is the binomial variance for n patients

$$V_2 = \frac{\widehat{\Theta} \left(1 - \widehat{\Theta}\right)}{n}.$$

 $V_3$  is the variation among hospitals not explained by the mortality regression models containing the patient characteristics described above.

$$V_3 = \widehat{\text{Var}(\Theta)} = \left(1 - \frac{1}{n}\right) \widehat{M_2(\Theta)}$$

where

$$\widehat{M_2(\Theta)} = \left\{ \begin{pmatrix} \text{Predicted montality} \\ \text{on basis of} \\ \text{patient characteristics and} \\ \text{adjustment for hospital effects} \end{pmatrix} - \begin{pmatrix} \text{Predicted montality} \\ \text{on basis of} \\ \text{patient characteristics,} \\ \text{but omitting the hospital specific effects} \end{pmatrix} \right\}^2 \left(\frac{1}{z_p^2}\right)$$

The quantity  $z_p$  corresponds to the statistical significance (p-value) of the hospital-specific effect.

 $V_4$  is the variation not explained by the mortality regression models which each include, in addition, an indicator variable for the hospital:

$$V_4 = \left\{ \text{(Observed mortality)} - \left\{ \begin{array}{c} \text{Predicted mortality} \\ \text{on basis of} \\ \text{patient characteristics, and} \\ \text{adjustment for the hospital specific effects} \end{array} \right\}^2$$

(The regression coefficients of the indicator variable for the hospital are a measure of the influence on the probability of patient death of factors not otherwise specified in the model. These factors include severity of illness not adequately reported on by the patient characteristics deduced from the claims data and the hospital's pattern of practice; i.e., performance.)

The standard deviation given in the mortality tables is just

$$SD = \sqrt{V_2 + V_3 + V_4}$$
.

# STANDARDIZED MORTALITY RATIO (SMR)

Another method of evaluating a hospital's performance—the Standardized Mortality Ratio (SMR)—is obtained by dividing the observed mortality rate by the predicted mortality rate. An SMR of one means the observed and predicted mortality are equal. A ratio greater than one means the observed mortality exceeds the predicted. A ratio less than one means the observed mortality is less than expected. The more extreme the ratio (significantly greater than one indicating unusually high mortality and significantly less than one indicating unusually low mortality), the greater the attention which should be paid to the results of this mortality report.

For each of the conditions and procedures, selected percentiles for the observed distribution of the SMR are displayed in Table 4. The selected percentiles provide benchmarks for comparison. For example, for a hospital

with 300 cases in the "All Causes" category, with observed mortality of 12.2 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 12.2/10.0 = 1.22.

Note that an SMR of one means the observed and predicted mortality are equal, while a ratio greater than one means the observed mortality exceeds the predicted, and a ratio less than one means the observed mortality is less than expected. There will be greater interest in the more extreme ratios, either greater than one — excessively high mortality — or less than one — extremely low mortality.

From Table 4 for FY 1990, we find that the ratio is just below the 75th percentile of 1.23. Hence, slightly under 75 percent of the hospitals have an SMR less than that found at this hospital.

However, for a hospital with 900 cases in the "All Causes" category, with observed mortality of 19.3 percent and predicted probability of 10.0 percent at 30 days, the standardized mortality ratio is

SMR = 19.3/10.0 = 1.93.

Since the SMR of 1.93 is greater than the 97.5 percentile of 1.35 (Table 4 for 750 or more cases), there is cause for concern. To further assess this, we examine the displayed data in terms of the measure of uncertainty, the standard deviation.

#### MEASURES OF UNCERTAINTY

In principle, to use the standard normal approximations to determine prediction intervals, an adjustment must be applied for the skewness and kurtosis inherent in a mortality rate when the rate is considerably less than 50 percent and the number of cases is small. Table 5 presents the multiplicative factors, based on the binomial distribution, for the standard deviation needed to construct prediction intervals for the mortality rates at confidence levels of 75, 95 and 99 percent. Because of the approximations involved in the estimation of the skewness and kurtosis corrections, their precision decreases as the number of cases and the mortality rate decrease; i.e., as the value of the correction increases. In addition, because of simplifications and approximations in the estimation of the standard deviation, the precision of the multiplicative factors given in Table 5 exceeds the precision of the estimate of the standard deviation. Hence, the following rule-of-thumb represents an adequate approximation to the factors in Table 5 and an adequate guide to the **statistical meaningfulness** of the difference between the observed and the predicted mortality rates.

To illustrate the use of Table 5, consider a hospital with 75 cases and a predicted mortality of 13.0 percent with a standard deviation of 5.0 percent. Overall, for hospitals with patients with characteristics similar to those of this hospital, we would expect the actual or observed mortality rate to lie, 95 percent of the time, either between 13.0 percent and 22.9 percent if the actual is larger than the predicted, or between 3.3 percent and 13.0 percent if the actual is less than the predicted. That is because 22.9 percent = 13.0 percent + 1.98 x 5.0 percent, the factor 1.98 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Upper Bound," the "10 percent" and the "20 percent" predicted mortality rate columns. Similarly, 3.3 percent = 13.0 percent - 1.94 x 5.0 percent, the factor -1.94 having been read from the section of Table 5 with the heading "95 Percent Prediction Interval" and "Factor for Lower Bound" and the corresponding row and columns.

Therefore, in comparing the actual and predicted rates, more attention should be given to the hospital whose observed mortality rate lies beyond the bounds calculated for the 99 percent prediction interval than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 95 percent prediction interval. Likewise, more attention should be given to that hospital than to the hospital whose observed mortality rate lies only beyond the bounds calculated for the 75 percent prediction interval.

For the graphs, the observed mortality and an approximate 95 percent prediction interval are displayed. The prediction interval has bounds at the predicted mortality plus 2 times the standard deviation and at the predicted minus 2 times the standard deviation.

In the mortality rate tables, the observed and predicted mortality rates and the standard deviation as a measure for statistical importance of the difference are displayed for the overall and each of the conditions and procedures.

#### HOW TO OBTAIN MEDICARE HOSPITAL INFORMATION

The publication has been widely distributed to State health organizations and hospital and medical associations. The publication is available to the public for purchase in 55 volumes, with each volume being sold separately through the Government Printing Office (GPO). More detailed information about the purchase of this publication may be obtained by contacting:

Superintendent of Documents Government Printing Office Washington, D.C. 20402

Telephone: (202) 783-3238

As in prior years, the information appearing in the Medicare Hospital Information report is available in machine-readable/electronic format (tape and diskette). The Medicare Hospital Information public use file provides the published information as contained in the 55-volume hardcopy publication, except that the AHA's hospital characteristics are not on this file. Hospital characteristics from HCFA files (OSCAR) are provided instead. The files contain additional information which is useful for supplemental analyses: averages by hospital, MSA, and State for each of the variables used in the model, mortality rates for 15, 30, 60, 90 and 180 days, and cross-reference files which relate State, MSA, and ICD-9-CM codes used to a name. These data should allow analysts to assess an individual hospital's performance in comparison to all hospitals in the State or applicable MSA.

Also available to hospitals in machine-readable format is their patient-specific data that were used in the report. These data include the patient variables used in the analysis (e.g., the number and severity level of prior hospitalizations considered by the methodology, admission source and type, etc.) and the predicted probability of death at each time interval for each individual included in the study. With these data it is possible for hospitals to better understand their statistics. Due to confidentiality considerations, requests for patient-specific data must be forwarded on hospital letterhead, must include the institution's Medicare provider number, and must be signed by the hospital administrator.

For information about obtaining <u>Medicare Hospital Information</u> electronic media data, please contact HCFA's Bureau of Data Management and Strategy at:

Health Care Financing Administration
Bureau of Data Management and Strategy
Office of Statistics and Data Management
3-A-10 Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207

Telephone: (410) 597-5151

# Table 1

# DIAGNOSTIC AND PROCEDURE CATEGORIES

The following lists the ICD-9-CM diagnostic and procedure codes used to classify and group patients for presentation

CONDITION/PROCEDURE

**ICD-9-CM CODES** 

(D)=Diagnosis code (P)=Procedure code

Heart Disorders/Procedures

Acute Myocardial Infarction (AMI)

All of 410 (D) (on 10/1/89 exclude 410

with 5th digit of a 2)

Note: For code 410 a 5th digit was added on October 1, 1989.

Congestive Heart Failure (CHF)

398.91, 402.01, 402.11, 402.91, 428.0,

428.1, 428.9 (all D)

Angioplasty (ANGPLSTY)

All of 36.0 (P) excluding 36.00, 36.03,

36.04, 36.09 (all P)

Note:

Code 36.0 had a 4th digit added on October 1, 1986. Code 36.0 got digits of 0, 1, 2, 3, and 9, and code 36.04 got some previously coded cases of 39.97. On October 1, 1987, code 36.01 was divided into 36.01 and 36.05, and some cases from 36.02 were put into 36.05.

Coronary Artery Bypass Graft (CABG)

All of 36.1(P) and not Angioplasty (see

above)

Pacemaker Insertion, Initial (PACE)

37.73, 37.74, 37.75, 37.77 (after 10/1/87 use 37.70 through 37.73) (all P)

Note:

Code 37.70 was restructured on October 1, 1987. Previously the code contained both leads and devices. On October 1 these were separated and devices were coded as 37.80 through 37.83, and codes for the leads were changed into various 37.70 codes.

#### CONDITION/PROCEDURE

ICD-9-CM CODES

(D)=Diagnosis code (P)=Procedure code

**Pulmonary Disorders** 

Pneumonia/Influenza All of 480, all of 481, 482.2, 482.3,

(PNU) 482.9, 483, 485, 486, 487.0 (all D)

Chronic Obstructive Pulmonary All of 491, all of 492, all of 494, Disease

all of 496; and 466.0, 518.82, 518.5, (COPD) and 786.09 when there is a secondary

diagnosis of any 496 (all D)

Note: Code 518.8 got a 5th digit on October 1, 1987. Some

cases from 799.1 were put into codes 518.81 and

518.82.

Cerebrovascular Disorders/Procedures

Transient Cerebral Ischemia 433.1, 433.3, 435 (D) and exclude those (TCI)

patients with an endarterectomy at the

time of admission—38.12(P)

Stroke 431, 434 through 434.9, 436 (all D)

(STK)

38.12 (P) with 433.1 (D); 433.3 (D) or Carotid Endarterectomy

(ENDART) 435(D) as a principal diagnosis

Musculoskeletal Disorders/Procedures

Fracture of Neck of Femur All of 820 (D)

(FXHIP)

Hip Replacement/Revision 81.5, 81.6 (exclude 81.69) (all P). On

(HIPREP) 10/1/89 code 81.51 (P) through 81.53

(P) with same diagnoses.

Open Reduction of Fractured Femur 79.35(P) on condition of 820 (D) as

(OPRDUX) principal diagnosis

#### CONDITION/PROCEDURE

ICD-9-CM CODES (D)=Diagnosis code (P)=Procedure code

# Genitourinary Disorders/Procedures

Prostatectomy 60.2, 60.3 through 60.69 (all P)

(PROS)

Hysterectomy 68.3 through 68.7 (P)

(HYS)

**Sepsis** 

Gastrointestinal Disorders/Procedures

Cholecystectomy 51.22 (P)

(CHOLOTMY)

Sepsis 003.1, 020.2, 022.3, 036.2, 036.3, 036.89, 036.9, 038.0, 038.1, 038.2, 038.3, 038.40, 038.41, 038.42, 038.43,

038.44, 038.49, 038.8, 038.9, 054.5

# Table 2

# COMORBIDITY CONDITIONS (all are D codes)

COMORBIDITY	ICD-9-CM CODES
Cancer	141-160.9, 162-172.9, 174-208.91
Chronic cardiovascular disease	412-414.9, 426-429.1
Chronic liver disease	571-572.8
Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
Chronic diabetes	250.01, 250.1-250.91
Chronic pulmonary disease	491-493.91, 496
Cerebrovascular degeneration	290-290.9, 294-299.9

### Table 3

# EXPLANATORY VARIABLES FOR THE MORTALITY MODEL

Generally the same variables are used for all diagnostic categories.

#### **Demographics**

SXFM An indicator variable: = 1 if Female, 0 otherwise

AGEFM = AGESP if SXFM = 1, 0 otherwise AGEML = AGESP if SXFM = 0, 0 otherwise

where

AGESP = sign (W-65) 
$$\left(\frac{W-65}{65}\right)^{1.44}$$

and

$$W = \begin{cases} 23 \text{ if } AGE \le 23 \\ AGE \text{ if } 23 < AGE < 100 \\ 100 \text{ if } 100 \le AGE \end{cases}$$

#### Comorbidities

#### **ICD-9-CM Codes**

(Indicator variables = 1 if comorbidity present on current or prior admission with discharge within 6 months prior to current admission, 0 otherwise)

CCA	Cancer	141-160.9, 162-172.9, 174- 208.91
CCV	Chronic cardiovascular disease	412-414.9, 426-429.1
CLV	Chronic liver disease	571-572.8
CRN	Chronic renal disease	582-583.9, 585-587, 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93
CDI	Chronic diabetes	250.01, 250.1-250.91
COP	Chronic pulmonary disease	491-493.91, 496
CCE	Cerebrovascular degeneration	290-290.9, 294-299.9

### **Co Occurrence of Comorbidities**

COP_CCV	1 if $COP = 1$ and $CCV = 1$ , 0 otherwise
CCA_CCV	1 if $CCA = 1$ and $CCV = 1$ , 0 otherwise
COP_CCA	1 if $COP = 1$ and $CCA = 1, 0$ otherwise
CCE_CCV	1 if $CCE = 1$ and $CCV = 1$ , 0 otherwise
CRN_CCV	1 if $CRN = 1$ and $CCV = 1$ , 0 otherwise

## **Admission Sources and Types**

(Indicator variables = 1 if source or type present, 0 otherwise)

PREF	Patient referred by personal or HMO physician
TRSNF	Patient transferred from skilled nursing facility
ELCT	Patient admitted for elective procedure

EMRG Patient admitted for emergency

## Co-Occurrence of Admission Source and Type

PREF\_ELEC = 1 if PREF = 1 and ELCT = 1, 0 otherwise

## **Previous Hospitalizations**

P_RISK1	Number at 1st risk level with 3 or more set to 3
P_RISK2	Number at 2nd risk level with 3 or more set to 3
P_RISK3	Number at 3rd risk level with 3 or more set to 3
P_RISK4	Number at 4th risk level with 4 or more set to 4
P_RISK5	Number at 5th risk level with 3 or more set to 3
F(T)	Probability of death from previous admission if discharge within 182 days of current admission, 0 otherwise

#### Time Trend

FLAG89	1 if discharge in FY1989, 0 otherwise
FLAG90	1 if discharge in FY1990, 0 otherwise
INYEAR	Difference between current admission date and April 1 of fiscal year of discharge

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1990

٨	NUMBER			DAYS				90	DAYS					80 DAYS		
CONDITIONS/PROCEDURES HO	HOSPITALS	2 . 5	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	20%	75%	97.5%
OVERALL( < 750 CASES )	2645	0.45	0.88	1.04	1.23	1.72	0.56	06.0	1.03	1.17	1.54	0.61	0.90	1.02	1.15	1.46
OVERALL( >= 750 CASES)	2684	0.73	0.91	0.99	1.09	1.35	0.79	0.94	1.01	1.09	1.28	0.82	0.94	1.01	1.08	1.24
CONDITIONS	1405	0.54	0.80	0.95	1.1	1.42	0.62	0.86	0.99	1.14	1.44	0.63	0.86	0.99	1.13	1.39
CHF	2335	0.43	0.79	0.98	1.17	1.64	09.0	0.85	0.99	1.13	1.49	0.66	0.89	1.00	1.13	1.41
PNEUMONIA/INFLUENZA	2428	0.41	0.78	0.97	1.18	1.68	0.53	0.84	1.00	1.17	1.55	0.57	0.86	1.01	1.16	1.50
COPD	435	0.00	0.63	0.97	1.34	5.06	0.30	0.78	1.02	1.26	1.74	0.40	0.82	1.01	1.24	1.69
TRANS. CEREBRAL ISCHEMIA	707	00.00	00.00	0.83	1.34	3.20	0.00	0.48	0.85	1.31	2.27	0.21	09.0	06.0	1.21	2.05
STROKE	1789	0.53	0.79	0.95	1.13	1.56	0.61	0.84	0.98	1.13	1.47	0.65	0.87	0.99	1.12	1.42
HIP FRACTURE	1199	0.21	0.67	0.93	1.27	2.10	0.40	0.76	0.94	1.19	1.80	0.47	0.78	0.97	1.16	1.64
SEPSIS	254	0.51	0.79	96.0	1.12	1.50	0.65	0.86	0.99	1.13	1.47	0.69	0.89	1.01	1.15	1.44
PROCEDURES				,					(	1	1		`	•	'	;
ANGIOPLASTY	425	0.00	0.49	0.89	1.33	5.66	0.00	09.0	0.93	1.36	2.34	0.00	0.63	0.97	1.34	2.14
CABG	556	0.20	0.68	1.03	1.39	2.45	0.28	0.73	1.00	1.32	2.09	0.28	0.73	1.01	1.30	2.10
PACEMAKER	112	0.00	0.41	0.72	1.37	3.25	0.20	0.61	06.0	1.21	2.17	0.21	0.65	0.84	1.16	1.87
CAROTID ENDARTERECTOMY	73	0.00	0.00	0.85	1.33	2.90	0.00	0.14	0.74	1.28	2.43	0.00	0.45	0.86	1.38	2.86
HIP REPLACEMENT	763	0.00	0.53	0.94	1.44	2.77	0.19	0.67	96.0	1.31	2.12	0.26	0.71	0.94	1.26	1.91
REDUCT. OF HIP FRACTURE	276	0.00	0.56	0.86	1.22	2.05	0.31	0.68	0.92	1.19	1.76	0.38	0.77	96.0	1.12	1.58
PROSTATECTOMY	1576	00.00	0.00	0.73	1.57	3.56	00.00	0.49	0.91	1.40	2.63	00.00	0.57	0.92	1.29	2.21
CHOLECYSTECTOMY	714	0.00	0.49	0.95	1.54	2.68	00.00	0.62	0.93	1.37	2.22	0.22	0.67	0.98	1.27	1.93
HYSTERECTOMY	113	0.00	0.00	0.00	2.00	6.69	00.00	00.00	0.76	1.70	3.59	0.00	0.24	0.75	1.27	2.91

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1989

	NUMBER		30	DAY				٥	AYS				-	O DAY		
CONDITIONS/PROCEDURES	OF HOSPITALS	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	ì	(	1	Š	7	ı	4	0	C	7	u	4	0		•	<
OVERALL( < 750 CASES )	2746	0.00	8.0	1.04	1.25	1.73	. 0	. œ	50.1	1.1	40.		0.0	- -	<del>*</del>	- - - -
OVERALL( >= 750 CASES)	5669	0.71	06.0	1.00	1.09	1.35	0.79	96.0	1.01	1.08	1.28	0.82	0.95	1.01	1.07	1.24
ONDITION																
AMI	1412	0.53	0.81	96.0	1.12	1.47	0.59	0.86	1.01	1.15	1.47	0.63	0.87	1.00	1.14	1.43
CHF	2293	0.47	08.0	0.97	1.18	1.69	0.58	0.86	1.00	1.14	1.48	0.66	0.89	1.02	1.14	1.40
PNEUMONIA/INFLUENZA	2179	0.45	0.77	26.0	1.19	1.67	0.54	0.85	1.01	1.18	1.55	09.0	0.86	1.02	1.18	1.51
COPD	324	0.21	0.68	0.99	1.32	2.13	0.44	0.78	1.04	1.27	1.91	0.49	0.84	1.04	1.24	1.66
TRANS. CEREBRAL ISCHEMIA	A 420	0.00	00.0	0.79	1.41	3.26	0.00	0.46	0.88	1.33	2.36	0.18	09.0	0.92	1.25	1.97
STROKE	1728	0.53	0.80	0.95	1.12	1.56	0.62	0.85	76.0	1.11	1.46	0.67	0.88	0.99	1.13	1.40
HIP FRACTURE	1126	0.24	0.67	0.95	1.30	5.04	0.39	0.75	0.98	1.21	1.71	0.46	0.78	26.0	1.18	1.59
SEPSIS	174	0.52	0.79	0.94	1.10	1.52	0.63	0.88	1.02	1.15	1.46	0.68	0.93	1.05	1.16	1.43
URE																
ANGIOPLASTY	370	0.00	97.0	0.84	1.35	2.55	00.00	0.55	0.88	1.33	2.52	0.00	0.61	0.94	1.32	2.44
CABG	501	0.21	0.65	1.00	1.47	2.57	0.23	0.69	1.00	1.33	2.29	0.32	0.74	1.01	1.33	2.21
PACEMAKER	91	0.00	0.52	0.74	1.12	2.31	0.00	0.56	0.83	1.15	2.14	0.20	0.68	0.81	1.16	1.87
CAROTID ENDARTERECTOMY	5.5	0.00	00.0	0.82	1.51	5.01	0.00	0.47	0.86	1.31	4.00	0.00	0.43	0.85	1.28	3.12
HIP REPLACEMENT	989	00.00	0.52	0.92	1.44	5.46	00.00	0.65	0.94	1.27	1.95	0.21	0.67	0.94	1.19	1.75
REDUCT. OF HIP FRACTURE	246	0.19	0.57	0.91	1.23	1.96	0.31	0.71	96.0	1.19	1.74	0.41	0.78	0.96	1.13	1.53
PROSTATECTOMY	1570	0.00	00.00	29.0	1.50	3.46	00.00	0.47	0.86	1.36	2.67	00.00	0.58	0.93	1.28	2.15
CHOLECYSTECTOMY	089	0.00	0.53	0.94	1.53	2.90	0.00	0.62	26.0	1.36	2.15	0.22	0.66	0.95	1.26	1.98
HYSTERECTOMY	101	0.00	00.00	00.00	1.80	5.44	0.00	0.00	0.78	1.60	4.21	0 . 00	0.00	0.91	1.38	2.99

TABLE 4
SMR DISTRIBUTION FOR HOSPITALS WITH GREATER THAN 50 CASES
1990 STUDY, FY1988

٤	NUMBER			DAYS				90	DAYS				_	O DAY		
CONDITIONS/PROCEDURES HC	HOSPITALS	2.5%	25	20%	75%	97.5%	2.5%	25%	50%	75%	97.5%	2.5%	25%	50%	75%	97.5%
	1	ò	c c	•	(	ľ		(	(	•	L		(	(	•	`
OVERALL( < 750 CASES )	7858	0.40	0.89	7.05	1.25	7.0	40.0	0.00	1.03	٠. ا	1.50	0.59	0.40	1.02	7. 1	1.45
OVERALL( >= 750 CASES)	2693	0.73	06.0	1.00	1.10	1.35	0.79	0.94	1.01	1.09	1.27	0.82	0.95	1.01	1.08	1.24
NDITI																
 	1414	0.56	0.82	96.0	1.12	1.41	0.63	0.87	1.01	1.14	1.42	0.65	0.89	1.00	1.13	1.39
CHF	2246	0.45	0.79	0.97	1.18	1.61	09.0	0.86	1.00	1.14	1.43	0.68	06.0	1.02	1.13	1.37
PNEUMONIA/INFLUENZA	2069	0.44	0.79	0.97	1.17	1.68	0.57	0.85	1.01	1.17	1.59	0.61	0.87	1.01	1.16	1.53
COPD	310	0.21	0.67	0.92	1.30	2.17	0.39	0.79	0.98	1.20	1.81	0.51	0.82	0.99	1.19	1.59
TRANS. CEREBRAL ISCHEMIA	567	0.00	00.00	0.84	1.48	2.94	0.00	0.48	0.92	1.39	2.28	0.21	09.0	0.92	1.27	1.92
STROKE	1726	0.51	0.79	0.95	1.12	1.56	09.0	0.84	0.98	1.13	1.44	0.64	0.88	1.00	1.13	1.42
HIP FRACTURE	1119	0.24	0.65	96.0	1.27	2.07	0.40	0.78	0.98	1.21	1.77	0.47	0.80	0.98	1.17	1.64
SEPSIS	133	0.58	0.77	0.92	1.08	1.64	0.56	0.86	1.00	1.13	1.54	0.67	0.88	1.02	1.14	1.53
PROCEDURES														1	1	•
ANGIOPLASTY	297	0.00	0.50	0.87	1.35	2.60	0.00	0.59	0.91	1.34	2.50	0.00	0.65	0.95	1.31	2.25
CABG	827	0.21	0.68	0.98	1.39	2.40	0.32	0.73	1.00	1.36	2.12	0.38	0.75	1.01	1.31	2.04
PACEMAKER	83	0.00	0.34	0.65	1.04	1.75	0.01	0.54	0.85	1.03	1.70	0.23	0.69	0.87	1.10	1.57
CAROTID ENDARTERECTOMY	69	0.00	00.00	09.0	1.23	3.30	0.00	0.33	0.62	1.09	2.50	0.00	0.44	0.68	1.16	1.87
HIP REPLACEMENT	029	0.00	0.49	0.95	1.40	2.65	0.00	99.0	1.01	1.31	2.15	0.24	0.70	0.96	1.24	1.87
REDUCT. OF HIP FRACTURE	259	0.00	0.61	0.91	1.26	2.16	0.38	0.74	96.0	1.21	1.94	77.0	0.77	0.96	1.16	1.79
PROSTATECTOMY	1619	0.00	00.00	0.78	1.53	3.69	0.00	0.54	0.92	1.39	2.57	0.00	0.61	0.93	1.30	2.21
CHOLECYSTECTOMY	642	0.00	0.50	96.0	1.44	3.04	0.00	0.61	96.0	1.36	2.26	0.25	0.66	0.96	1.27	2.01
HYSTERECTOMY	06	0.00	0.00	00.00	1.57	5.00	0.00	00.00	0.68	1.43	2.83	0.00	0.28	0.67	1.15	2.88

TABLE 5: MULTIPLICATIVE FACTORS FOR THE CALCULATION OF THE BOUNDS FOR PREDICTION INTERVALS

(n is the number of cases at your hospital and p is the predicted mortality rate)

	6	99% Prediction Interval	ction Inte	erval		6	5% Predi	95% Prediction Interval	rval		7	75% Prediction Interval	ction Inte	rval	
I	<b>-</b>	Factor for Upper Bound	Upper B	puno		区	actor for	Factor for Upper Bound	pund		Ā	Factor for Upper Bound	Upper Bo	pun	
d	1%	2%	10%	20%	40%	1%	2%	10%	20%	40%	1%	5%	10%	20%	40%
n 25	2.95	2.73	2.68	2.63	2.59	2.15	2.04	2.01	1.99	1.97	1.17	1.16	1.16	1.15	1.15
20	2.76	2.65	2.63	2.60	2.58	2.05	2.00	1.99	1.97	1.96	1.16	1.15	1.15	1.15	1.15
75	2.70	2.63	2.61	2.59	2.58	2.02	1.99	1.98	1.97	1.96	1.16	1.15	1.15	1.15	1.15
100	2.67	2.61	2.60	2.59	2.58	2.01	1.98	1.97	1.97	1.96	1.16	1.15	1.15	1.15	1.15
150	2.64	2.60	2.59	2.59	2.58	1.99	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
200	2.62	2.60	2.59	2.58	2.58	1.98	1.97	1.97	1.96	1.96	1.15	1.15	1.15	1.15	1.15
300	2.61	2.59	2.58	2.58	2.58	1.98	1.97	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
400	2.60	2.59	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
200	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
750	2.59	2.58	2.58	2.58	2.58	1.97	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
1000	2.59	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
2000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
2000	2.58	2.58	2.58	2.58	2.58	1.96	1.96	1.96	1.96	1.96	1.15	1.15	1.15	1.15	1.15
	2	actor.	I como D.	7		Ė	100	Cooton for I ourse Bound	Ţ		Ď.	10g 10q0	I own De	7	
	4	ractor for Lower Bound	Lower b	onna		4	actor lor	Lower bo	pund		4	ractor 10r Lower Bound	Lower BC	nund	
2 5	1%	2%	10%	20%	40%	1%	2%	10%	20%	40%	1%	2%	10%	20%	40%
25	-2.21	-2.42	-2.48	-2.52	-2.56	-1.77	-1.88	-1.91	-1.93	-1.95	-1.13	-1.14	-1.14	-1.15	-1.15
20	-2.39	-2.50	-2.53	-2.55	-2.57	-1.87	-1.92	-1.93	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
75	-2.45	-2.52	-2.54	-2.56	-2.57	-1.90	-1.93	-1.94	-1.95	-1.96	-1.14	-1.15	-1.15	-1.15	-1.15
100	-2.48	-2.54	-2.55	-2.56	-2.57	-1.91	-1.94	-1.95	-1.95	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
150	-2.51	-2.55	-2.56	-2.57	-2.57	-1.93	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
200	-2.53	-2.56	-2.56	-2.57	-2.57	-1.94	-1.95	-1.95	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
300	-2.54	-2.56	-2.57	-2.57	-2.57	-1.94	-1.95	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
400	-2.55	-2.57	-2.57	-2.57	-2.57	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
200	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
750	-2.56	-2.57	-2.57	-2.57	-2.58	-1.95	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
1000	-2.57	-2.57	-2.57	-2.57	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	-2.57	-2.57	-2.57	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15
2000	-2.57	-2.58	-2.58	-2.58	-2.58	-1.96	-1.96	-1.96	-1.96	-1.96	-1.15	-1.15	-1.15	-1.15	-1.15

# Medicare Hospital Information

#### **ALBANY GENERAL HOSPITAL**

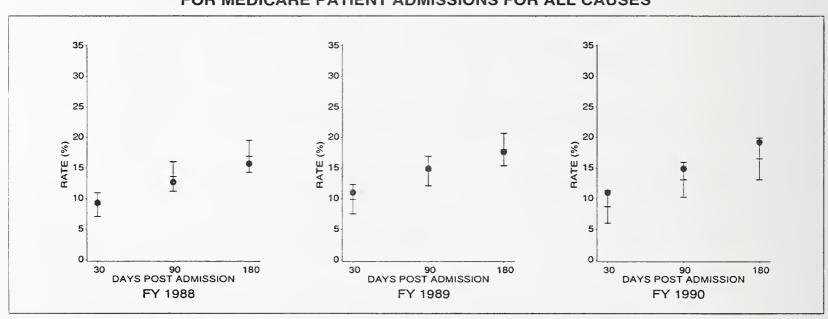
1046 W SIXTH ST ALBANY, OR 97321 Medicare Provider Number: 380022

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				МС	DRTALIT	YRATE	ES (%)			
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	921	11.0	8.7	1.3	14.9	13.1	1.4	19.2	16.5	1.7
CONDITIONS:										
Acute Myocardial Infarction	54	27.8	24.4	6.5	27.8	26.8	6.6	27.8	29.3	6.7
Congestive Heart Failure	67	17.9	15.8	5.5	32.8	24.7	8.7	47.8	31.2	10.4
Pneumonia/Influenza	63	15.9	14.8	5.8	22.2	20.5	5.4	25.4	24.5	5.6
Chronic Obstructive Pulmonary Disease	23	8.7	5.9		17.4	10.7		21.7	14.1	
Transient Cerebral Ischemia	14	0.0	2.2		14.3	4.8		14.3	7.5	
Stroke	36	25.0	16.9		27.8	23.5		33.3	27.5	
Hip Fracture	35	17.1	7.5		20.0	13.0		22.9	16.8	
Sepsis	12	25.0	27.2		41.7	34.8		58.3	39.2	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	16.2		0.0	21.9		0.0	23.9	
Carotid Endarterectomy	2	0.0	0.6		0.0	1.2		0.0	1.9	
Hip Replacement/Reconstruction	22	4.5	3.4		9.1	6.3		9.1	8.6	
Open Reduction of Hip Fracture	23	21.7	7.2		21.7	13.0		26.1	17.1	
Prostatectomy	28	3.6	1.2		3.6	3.0		7.1	5.1	
Cholecystectomy	32	9.4	2.4		9.4	4.2		9.4	5.5	
Hysterectomy	6	0.0	0.6		0.0	1.2		0.0	1.9	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## ALBANY GENERAL HOSPITAL Medicare Provider Number: 380022

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.2 years	Cancer	6.0 %
Proportion female	57.1 %	Chronic cardiovascular disease	35.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	39.5 %	Chronic renal disease	2.6 %
Transferred from skilled nursing facility	0.3 %	Chronic pulmonary disease	18.9 %
Admitted for elective procedure	12.7 %	Cerebrovascular degeneration	4.2 %
Admitted for emergency	61.8 %	Diabetes mellitus	2.7 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	84.6%	Hospital	5.1 Days
State	12.0%	State	6.0 Days
Outside State	3.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 68	Burn Unit No
Occupancy Rate 55.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 37.4 %	Hospice CareYes
Case Mix Index (CMI) 1.1924	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue TransplantYes
Total Number of Physicians 50	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	RehabilitationNo
Elocitoda i idolodi iidisos	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### **ASHLAND COMMUNITY HOSPITAL**

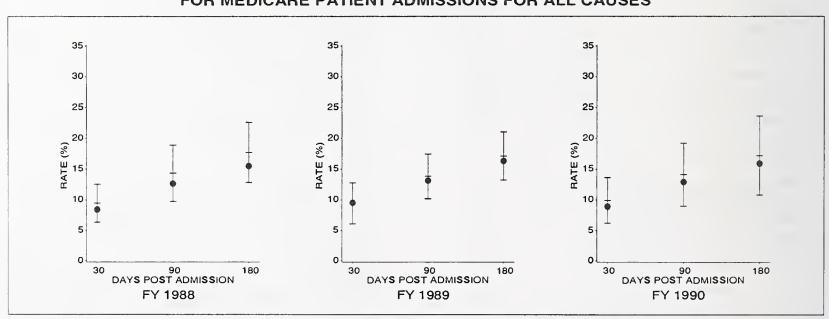
280 MAPLE STREET ASHLAND, OR 97520 Medicare Provider Number: 380005

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)								
		•	30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	428	8.9	9.9	1.9	12.9	14.1	2.6	15.9	17.2	3.2
CONDITIONS:										
Acute Myocardial Infarction	19	26.3	33.4		26.3	36.0		31.6	38.7	
Congestive Heart Failure	32	21.9	15.2		25.0	23.7		31.3	29.7	
Pneumonia/Influenza	27	22.2	14.4		22.2	19.4		22.2	22.9	
Chronic Obstructive Pulmonary Disease	6	0.0	7.4		0.0	11.9		0.0	15.5	
Transient Cerebral Ischemia	4	0.0	1.4		0.0	3.4		0.0	5.8	
Stroke	18	16.7	19.1		16.7	24.6		22.2	28.2	
Hip Fracture	22	4.5	8.0		9.1	13.9		13.6	18.1	
Sepsis	8	25.0	15.8	••••	37.5	21.7		37.5	25.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	15	6.7	3.4		13.3	6.1		13.3	8.3	
Open Reduction of Hip Fracture	4	0.0	6.5		0.0	11.3		0.0	15.0	
Prostatectomy	36	0.0	0.7		0.0	1.5		0.0	2.5	
Cholecystectomy	10	0.0	1.6		0.0	2.8		0.0	3.5	
Hysterectomy	2	0.0	8.0		0.0	1.8		0.0	2.9	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## ASHLAND COMMUNITY HOSPITAL Medicare Provider Number: 380005

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.5 years	Cancer	6.3 %
Proportion female	51.4 %	Chronic cardiovascular disease	32.0 %
OMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	56.3 %	Chronic renal disease	1.4 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.0 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	3.7 %
Admitted for emergency	77.1 %	Diabetes mellitus	4.7 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	.1•	MEDICARE AVERAGE LENGTH OF STAY:	
ORIGIN OF MEDICARE PATIENT ADMISSION	٧.	MEDICANE AVERAGE LENGTH OF STAT.	
County/City	86.8%	Hospital	4.6 Days
State	5.2%	State	6.0 Days
Outside State	8.0%	National	8.6 Days
Total	100.0%		

PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 26.0 %	Cardiac Intensive Care N
Ownership/Control Local Government	Comprehensive Geriatric N
Medicare Discharges	Hospice Care N
Case Mix Index (CMI) 1.1507	Medical/Surgical Intensive Care Ye
TAFFING:	Organ/Tissue Transplant N
Total Number of Physicians56	Other Intensive Care N
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center Ye
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugN
Licensed Practical Nurses	RehabilitationN
Licenseu Fractical Nuises	Psychiatric N
Except for CMI	Medicare Swing Beds N

<sup>\*</sup> Not used in calculating mortality rates

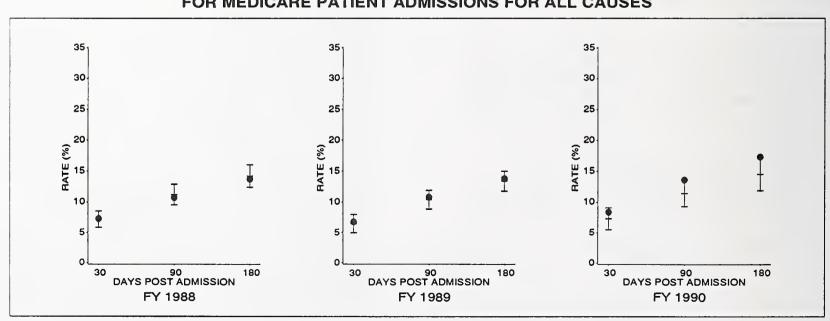
BAY AREA HOSPITAL 1775 THOMPSON AVENUE COOS BAY, OR 97420 Medicare Provider Number: 380090

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)								
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1797	8.4	7.3	0.9	13.6	11.4	1.1	17.3	14.5	1.3
CONDITIONS:										
Acute Myocardial Infarction	64	18.8	21.5	5.6	21.9	24.7	5.9	25.0	27.4	6.8
Congestive Heart Failure	70	12.9	15.2	4.6	27.1	24.7	5.6	32.9	31.3	7.5
Pneumonia/Influenza	61	19.7	14.5	5.4	24.6	20.5	5.8	29.5	24.4	7.1
Chronic Obstructive Pulmonary Disease	31	16.1	5.7		22.6	10.5		22.6	14.2	•••••
Transient Cerebral Ischemia	22	4.5	1.7		9.1	3.5	••••	13.6	5.7	
Stroke	49	22.4	17.2		26.5	23.2		28.6	26.9	••••
Hip Fracture	53	0.0	5.8	4.8	3.8	10.4	5.8	9.4	13.7	5.5
Sepsis	15	20.0	16.4		40.0	21.4	•	40.0	25.0	•••
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	15	13.3	4.2		13.3	7.2		20.0	9.7	
Carotid Endarterectomy	19	10.5	1.2		10.5	2.3	•••••	10.5	3.3	
Hip Replacement/Reconstruction	60	0.0	2.1	2.5	1.7	3.8	3.1	5.0	5.3	3.5
Open Reduction of Hip Fracture	21	0.0	5.3		4.8	10.0		9.5	13.4	
Prostatectomy	123	2.4	0.7	1.2	4.1	1.7	1.8	8.1	2.9	3.1
Cholecystectomy	51	3.9	1.5	3.2	5.9	2.6	4.1	5.9	3.6	4.4
Hysterectomy	21	0.0	0.4	••••	0.0	0.9	••••	0.0	1.5	••••

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### BAY AREA HOSPITAL Medicare Provider Number: 380090

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission 74.1 years	Cancer 8.8 %
Proportion female 50.7 %	Chronic cardiovascular disease 33.9 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 0.8 %
Referred by personal or HMO physician 72.3 %	Chronic renal disease 2.1 %
Transferred from skilled nursing facility 0.0 %	Chronic pulmonary disease 22.0 %
Admitted for elective procedure 30.9 %	Cerebrovascular degeneration 4.2 %
Admitted for emergency	Diabetes mellitus 7.2 %

### ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

ORIGIN OF MEDICARE PATIENT ADMISSION:		MEDICARE AVERAGE LENGTH OF STAY:	
County/City	79.8%	Hospital	6.2 Days
State	16.7%	State	6.0 Days
Outside State	3.5%	National	8.6 Days
Total 1	00.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Y	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 65.0 %	Cardiac Intensive CareYes
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges 43.1 %	Hospice Care No
Case Mix Index (CMI) 1.3389	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists 81.0 %	Trauma Center Yes
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses 23	RehabilitationNo
LIGHTSEU I TACITOAI IVUISES	Psychiatric No
Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### **BESS KAISER MEDICAL CENTER**

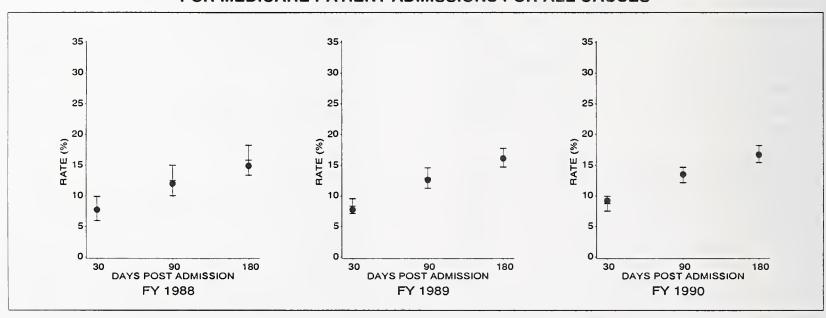
5055 NORTH GREELEY AVENUE PORTLAND, OR 97217 Medicare Provider Number: 380055

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)								
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	3051	9.2	8.7	0.6	13.5	13.4	0.6	16.7	16.8	0.7
CONDITIONS:										
Acute Myocardial Infarction	104	22.1	23.3	5.2	24.0	26.3	5.0	25.0	28.9	6.0
Congestive Heart Failure	112	13.4	15.0	4.0	24.1	23.5	4.2	30.4	29.9	4.3
Pneumonia/Influenza	112	12.5	14.9	3.5	14.3	20.7	4.5	20.5	24.7	5.3
Chronic Obstructive Pulmonary Disease	37	2.7	10.1		13.5	17.0		18.9	21.8	
Transient Cerebral Ischemia	28	7.1	1.6		7.1	3.5		14.3	5.7	
Stroke	123	22.8	18.3	3.8	22.8	25.6	4.2	25.2	29.8	4.4
Hip Fracture	89	11.2	7.6	3.9	18.0	13.5	4.8	18.0	17.3	4.1
Sepsis	39	15.4	22.1	•	23.1	28.5		28.2	32.8	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	25	4.0	4.3		12.0	8.4		20.0	11.8	
Carotid Endarterectomy	20	0.0	1.4		0.0	2.7		5.0	4.0	
Hip Replacement/Reconstruction	81	3.7	3.3	3.0	8.6	6.0	4.0	8.6	8.0	4.2
Open Reduction of Hip Fracture	27	14.8	8.1		14.8	14.4		14.8	18.8	
Prostatectomy	82	0.0	0.6	1.1	2.4	1.5	1.6	2.4	2.7	2.3
Cholecystectomy	67	1.5	2.6	2.1	3.0	5.0	3.2	3.0	6.6	4.1
Hysterectomy	30	0.0	1.3		0.0	3.0	•	0.0	4.7	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **BESS KAISER MEDICAL CENTER**

Medicare Provider Number: 380055

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	75.7 years	Cancer	8.3 %
Proportion female	53.6 %	Chronic cardiovascular disease	32.9 %
DMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	11.4 %	Chronic renal disease	2.7 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	10.4 %
Admitted for elective procedure	21.7 %	Cerebrovascular degeneration	5.4 %
Admitted for emergency	54.8 %	Diabetes mellitus	7.3 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	42.9%	Hospital	5.7 Days
State	22.8%	State	6.0 Days
Outside State	34.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 82.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges	Hospice CareYes
Case Mix Index (CMI) 1.1698	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 246	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 335	Alcohol/DrugNo
Licensed Practical Nurses 11	RehabilitationNo
LICENSEU FIACLICAI INUISES	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

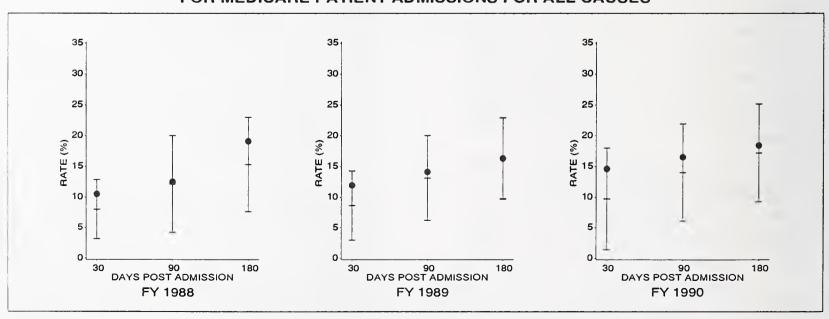
BLUE MOUNTAIN HOSPITAL 170 FORD RD JOHN DAY, OR 97845 Medicare Provider Number: 380078

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				MC	ORTALIT	YRATE	S (%)			
		30 DAYS		9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	103	14.6	9.7	4.1	16.5	14.0	4.0	18.4	17.2	4.0
CONDITIONS:										
Acute Myocardial Infarction	5	20.0	20.6		20.0	22.6		20.0	25.0	
Congestive Heart Failure	4	0.0	18.5		0.0	28.4		0.0	35.2	
Pneumonia/Influenza	10	20.0	11.4		20.0	15.9		30.0	19.5	
Chronic Obstructive Pulmonary Disease	6	33.3	7.1		33.3	11.8		33.3	15.0	
Transient Cerebral Ischemia	1	100.0	1.8		100.0	3.9		100.0	6.6	
Stroke	5	40.0	27.4		40.0	33.5		40.0	37.6	
Hip Fracture	2	50.0	5.5		50.0	10.2		50.0	13.5	
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	1	0.0	17.6		0.0	25.4		0.0	28.6	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	2	50.0	4.6		50.0	9.0		50.0	12.3	
Prostatectomy	0									
Cholecystectomy	5	0.0	1.6	••••	0.0	2.6		0.0	3.5	
Hysterectomy	1	0.0	0.1		0.0	0.2		0.0	0.4	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **BLUE MOUNTAIN HOSPITAL**

Medicare Provider Number: 380078

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.1 years	Cancer	6.8 %
Proportion female	50.5 %	Chronic cardiovascular disease	28.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	26.2 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.6 %
Admitted for elective procedure	8.7 %	Cerebrovascular degeneration	2.9 %
Admitted for emergency	5.8 %	Dlabetes mellitus	3.9 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	89.5%	Hospital	4.8 Days
State	4.2%	State	6.0 Days
Outside State	6.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 12.8 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges(Not Available)	Hospice Care No
Case Mix Index (CMI) 1.1761	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 2	Other Intensive Care No
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/Drug No
Licensed Practical Nurses	Rehabilitation No
Liberised Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

#### CENTRAL OREGON DISTRICT HOSPITAL

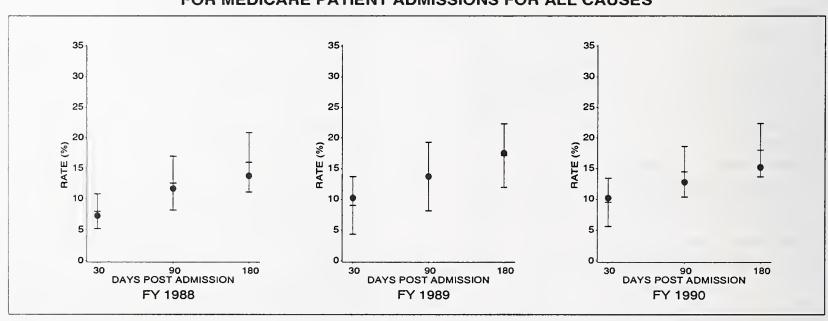
1253 N CANAL BLVD REDMOND, OR 97756 Medicare Provider Number: 380040

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				М	ORTALIT	YRATE	S (%)			
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	382	10.2	9.5	2.0	12.8	14.5	2.1	15.2	18.0	2.2
CONDITIONS:										
Acute Myocardial Infarction	11	9.1	17.2		9.1	19.3		9.1	21.6	
Congestive Heart Failure	23	4.3	16.0		13.0	25.0		17.4	32.2	
Pneumonia/Influenza	32	15.6	14.3		15.6	19.7		21.9	23.3	
Chronic Obstructive Pulmonary Disease	11	9.1	6.3		9.1	10.5		9.1	14.5	
Transient Cerebral Ischemia	1	100.0	1.8		100.0	3.2		100.0	4.9	
Stroke	14	42.9	22.3		57.1	30.7		57.1	35.1	
Hip Fracture	13	0.0	8.7		7.7	15.7	••••	7.7	20.1	
Sepsis	4	0.0	20.6		0.0	25.4	••••	0.0	29.7	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	5	0.0	1.2		0.0	2.3		0.0	3.2	
Hip Replacement/Reconstruction	5	0.0	2.6		0.0	4.8	•	0.0	6.5	
Open Reduction of Hip Fracture	9	0.0	9.3		11.1	17.5		11.1	22.7	
Prostatectomy	16	0.0	1.2		0.0	2.8		0.0	4.7	
Cholecystectomy	10	0.0	3.4		0.0	6.4		0.0	8.3	
Hysterectomy	3	0.0	0.1	••••	0.0	0.2		0.0	0.4	••••

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## CENTRAL OREGON DISTRICT HOSPITAL Medicare Provider Number: 380040

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.7 years	Cancer	8.9 %
Proportion female	52.4 %	Chronic cardiovascular disease	34.6 %
DMISSION SOURCES/TYPES:		Chronic liver disease	1.6 %
Referred by personal or HMO physician	47.9 %	Chronic renal disease	0.8 %
Transferred from skilled nursing facility	0.3 %	Chronic pulmonary disease	16.5 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	2.9 %
Admitted for emergency	97.4 %	Diabetes mellitus	5.2 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	76.5%	Hospital	4.7 Days
State	19.9%	State	6.0 Days
Outside State	3.6%	National	8.6 Days
Total	100.0%		

PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 25.0 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.2683	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/Drug No
Registered Nurses	RehabilitationNo
Licensed Practical Nurses 7	Psychiatric No
Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### **COLUMBIA MEMORIAL HOSPITAL**

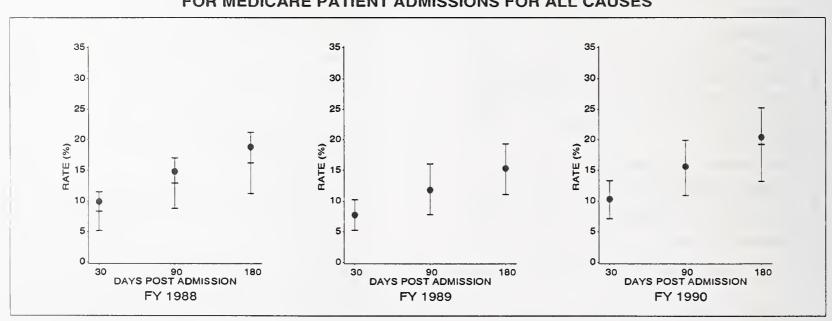
2111 EXCHANGE STREET ASTORIA, OR 97103 Medicare Provider Number: 380026

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

,	MORTALITY RATES (%)									
		- ;	30 DAY	s	9	0 DAYS	3	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	455	10.3	10.2	1.6	15.6	15.4	2.3	20.4	19.2	3.0
CONDITIONS:										
Acute Myocardial Infarction	14	28.6	26.9		28.6	29.1		28.6	31.8	
Congestive Heart Failure	24	29.2	20.1		29.2	31.0		33.3	37.9	
Pneumonia/Influenza	20	30.0	17.8		35.0	23.8		40.0	28.4	
Chronic Obstructive Pulmonary Disease	12	0.0	9.5		0.0	16.5		8.3	21.3	
Transient Cerebral Ischemia	4	0.0	1.8		0.0	4.1		0.0	6.5	
Stroke	15	6.7	20.4		13.3	27.6		20.0	31.8	
Hip Fracture	31	0.0	7.1		6.5	12.2		12.9	15.8	
Sepsis	8	25.0	23.4		37.5	28.9		37.5	33.2	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	26	0.0	2.2		3.8	3.8		3.8	5.1	
Open Reduction of Hip Fracture	24	0.0	6.7		8.3	12.0		16.7	15.9	
Prostatectomy	14	7.1	1.4		7.1	3.5		7.1	6.2	
Cholecystectomy	6	0.0	2.8		0.0	4.9		0.0	6.0	
Hysterectomy	6	0.0	1.1		0.0	2.8		0.0	4.6	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## COLUMBIA MEMORIAL HOSPITAL Medicare Provider Number: 380026

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.4 years	Cancer	8.6 %
Proportion female	52.7 %	Chronic cardiovascular disease	29.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	35.4 %	Chronic renal disease	3.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	8.6 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	5.7 %
Admitted for emergency	77.1 %	Diabetes mellitus	6.6 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION:	ME	EDICARE AVERAGE LENGTH OF STAY:	
County/City74.	.8% i	Hospital	5.1 Days
State4.	7%	State	6.0 Days
Outside State	.5% I	National	8.6 Days
Total	0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 40.0 %	Cardiac Intensive Care No
Ownership/Control Church	Comprehensive Geriatric No
Medicare Discharges 40.1 %	Hospice CareYes
Case Mix Index (CMI) 1.3429	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 57	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	RehabilitationNo
Licensed Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### **COQUILLE VALLEY HOSPITAL**

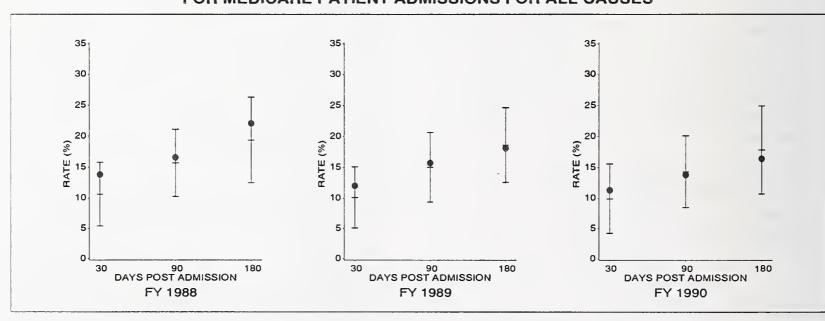
940 E FIFTH ST COQUILLE, OR 97423 Medicare Provider Number: 380087

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	S (%)			
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	159	11.3	9.9	2.8	13.8	14.3	2.9	16.4	17.8	3.6
CONDITIONS:										
Acute Myocardial Infarction	11	27.3	25.1		36.4	28.8		36.4	32.1	
Congestive Heart Failure	9	11.1	13.7		22.2	21.2		33.3	27.1	
Pneumonia/Influenza	19	10.5	11.8		10.5	16.5		15.8	19.7	
Chronic Obstructive Pulmonary Disease	4	0.0	10.2		0.0	16.4		0.0	22.1	
Transient Cerebral Ischemia	0									
Stroke	10	40.0	16.6		40.0	20.4		50.0	23.3	
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	8	0.0	0.9		0.0	2.4		0.0	4.2	
Cholecystectomy	5	0.0	0.9		20.0	1.7		20.0	2.4	
Hysterectomy	1	0.0	3.3		0.0	4.7		0.0	5.8	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## COQUILLE VALLEY HOSPITAL Medicare Provider Number: 380087

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.7 years	Cancer	6.9 %
			• • • • • • • • • • • • • • • • • • • •
Proportion female	53.5 %	Chronic cardiovascular disease	39.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	98.7 %	Chronic renal disease	1.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	23.3 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	1.9 %
Admitted for emergency	98.7 %	Diabetes mellitus	5.7 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

RIGIN OF MEDICARE PATIENT ADMISSION	ł:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	96.2%	Hospital	3.7 Days
State	2.1%	State	6.0 Days
Outside State	1.7%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 30	Burn Unit No
Occupancy Rate 13.3 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric Yes
Medicare Discharges 41.2 %	Hospice Care No
Case Mix Index (CMI) 1.0636	Medical/Surgical Intensive Care No
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 6	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation No
	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### **COTTAGE GROVE HOSPITAL**

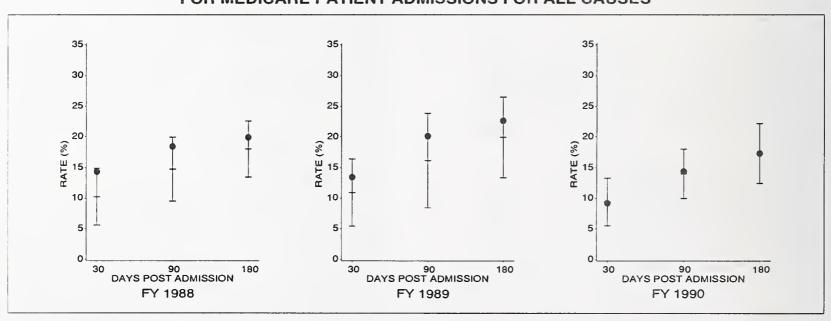
1340 BIRCH STREET COTTAGE GROVE, OR 97424 Medicare Provider Number: 380036

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)								
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	306	9.2	9.4	1.9	14.4	14.0	2.0	17.3	17.3	2.4
CONDITIONS:										
Acute Myocardial Infarction	13	15.4	21.2		23.1	24.5		23.1	27.2	
Congestive Heart Failure	18	11.1	13.6		16.7	21.9		27.8	28.6	
Pneumonia/Influenza	22	9.1	14.3		13.6	19.5		13.6	22.9	
Chronic Obstructive Pulmonary Disease	12	8.3	6.3		16.7	11.5		16.7	15.7	
Transient Cerebral Ischemia	3	0.0	2.4		0.0	5.5		0.0	8.4	
Stroke	16	25.0	23.4		31.3	28.9		31.3	32.4	
Hip Fracture	17	5.9	6.6		23.5	12.0		23.5	15.8	
Sepsis	1	100.0	63.2		100.0	71.9		100.0	<b>7</b> 5.0	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	1	0.0	3.4		0.0	6.1		0.0	8.8	
Open Reduction of Hip Fracture	15	6.7	5.9		26.7	10.9		26.7	14.5	
Prostatectomy	16	0.0	0.5		0.0	1.2		6.3	2.1	
Cholecystectomy	8	0.0	0.8		0.0	1.3		0.0	1.8	
Hysterectomy	2	50.0	0.1	*****	50.0	0.3		50.0	0.6	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **COTTAGE GROVE HOSPITAL**

Medicare Provider Number: 380036

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.7 vears	Cancer	5.6 %
Average age at aumission	70.7 years	Cancer	3.0 78
Proportion female	61.1 %	Chronic cardiovascular disease	33.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	29.7 %	Chronic renal disease	0.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	10.1 %
Admitted for elective procedure	5.9 %	Cerebrovascular degeneration	5.2 %
Admitted for emergency	62.4 %	Diabetes mellitus	5.2 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	85.0%	Hospital	3.8 Days
State	12.6%	State	6.0 Days
Outside State	2.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	1990
PROFILE:	SPECIALTY SERVICES:
Total Beds 70	Burn Unit No
Occupancy Rate 67.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 40.6 %	Hospice Care Yes
Case Mix Index (CMI) 1.0507	Medical/Surgical intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physiclans	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Aicohol/Drug No
Licensed Practical Nurses	RehabilitationNo
	Psychlatric No
** Except for CMi	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

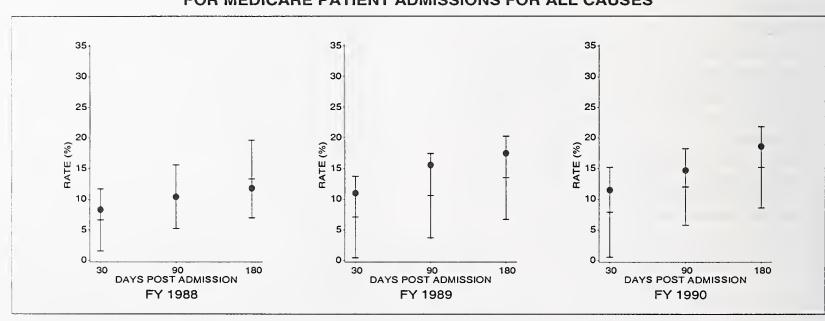
CURRY GENERAL HOSPITAL 220 E FOURTH ST GOLD BEACH, OR 97444 Medicare Provider Number: 380072

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	S (%)			
			30 DAY	S	9	0 DAYS	3	180	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	156	11.5	7.9	3.7	14.7	12.0	3.1	18.6	15.2	3.3
CONDITIONS:										
Acute Myocardial Infarction	10	50.0	21.4		50.0	24.5		50.0	27.5	
Congestive Heart Failure	9	22.2	14.1		22.2	22.5		55.6	29.6	
Pneumonia/Influenza	10	0.0	8.9		0.0	12.8		0.0	15.6	
Chronic Obstructive Pulmonary Disease	3	0.0	3.5		0.0	6.6		0.0	9.8	
Transient Cerebral Ischemia	2	0.0	1.1		0.0	2.5		0.0	4.3	
Stroke	4	25.0	16.2		50.0	22.8		50.0	27.6	
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	5	0.0	0.7		0.0	1.5		0.0	2.7	
Cholecystectomy	0									
Hysterectomy	0									

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (\* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **CURRY GENERAL HOSPITAL**

Medicare Provider Number: 380072

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.2 years	Cancer	7.1 %
Proportion female	50.0 %	Chronic cardiovascular disease	37.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	63.5 %	Chronic renal disease	3.2 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.1 %
Admitted for elective procedure	1.9 %	Cerebrovascular degeneration	0.6 %
Admitted for emergency	37.2 %	Diabetes mellitus	10.9 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	83.3%	Hospital	3.3 Days
State	10.1%	State	6.0 Days
Outside State	6.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds24	Burn Unit No
Occupancy Rate 16.0 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges 44.7 %	Hospice Care No
Case Mix Index (CMI) 0.9411	Medical/Surgical Intensive Care No
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses	RehabilitationNo
Licenseu i ractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### **DOUGLAS COMMUNITY HOSPITAL**

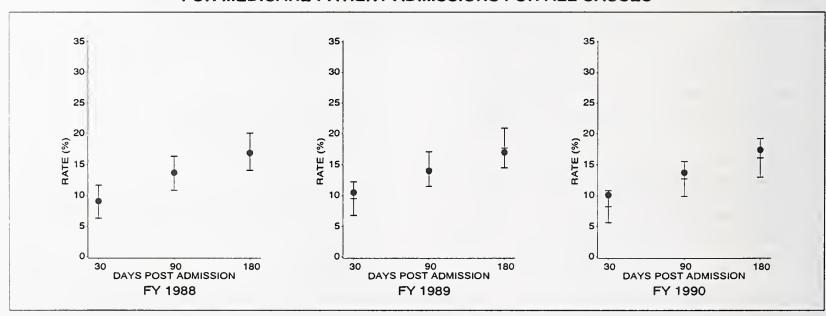
738 W HARVARD BLVD ROSEBURG, OR 97470 Medicare Provider Number: 380064

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

	MORTALITY RATES (%)									
		;	30 DAY	S	9	0 DAYS	3	18	0 DAYS	3
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	626	10.1	8.2	1.3	13.7	12.7	1.4	17.4	16.1	1.6
CONDITIONS:										
Acute Myocardial Infarction	26	26.9	22.8		26.9	25.3		26.9	27.8	
Congestive Heart Failure	34	23.5	14.4		26.5	22.8		35.3	28.7	
Pneumonia/Influenza	40	10.0	13.2		15.0	18.2		17.5	21.8	
Chronic Obstructive Pulmonary Disease	14	0.0	5.8		0.0	10.5		0.0	14.4	
Transient Cerebral Ischemia	9	0.0	1.6		0.0	3.5		0.0	5.6	
Stroke	17	29.4	20.6		29.4	25.0		41.2	28.5	
Hip Fracture	24	8.3	5.3		12.5	9.5		12.5	12.7	
Sepsis	2	0.0	16.6		0.0	22.4		0.0	26.3	•••••
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	4	0.0	6.0		25.0	11.5		25.0	17.2	••••
Carotid Endarterectomy	6	0.0	1.2		0.0	2.3		0.0	3.7	
Hip Replacement/Reconstruction	18	5.6	3.1		5.6	5.7		5.6	7.8	•
Open Reduction of Hip Fracture	9	11.1	5.2		22.2	10.1		22.2	13.7	
Prostatectomy	35	0.0	1.2		2.9	2.8		2.9	4.8	•••••
Cholecystectomy	15	0.0	2.2		0.0	3.9	••••	0.0	4.9	
Hysterectomy	4	0.0	0.2	*****	0.0	0.6		0.0	0.9	•

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## DOUGLAS COMMUNITY HOSPITAL Medicare Provider Number: 380064

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.0 years	Cancer	8.9 %
Proportion female	52.4 %	Chronic cardiovascular disease	32.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician 4	48.9 %	Chronic renal disease	1.9 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	22.5 %
Admitted for elective procedure	26.5 %	Cerebrovascular degeneration	5.3 %
Admitted for emergency	17.4 %	Diabetes mellitus	5.3 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	88.9%	Hospital	5.8 Days
State	7.9%	State	6.0 Days
Outside State	3.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate	Cardiac Intensive Care No
Ownership/Control Private, For Profit	Comprehensive Geriatric No
Medicare Discharges(Not Available)	Hospice CareYes
Case Mix Index (CMI) 1.2682	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugYes
Licensed Practical Nurses	RehabilitationYes
	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

#### EASTMORELAND GENERAL HOSPITAL

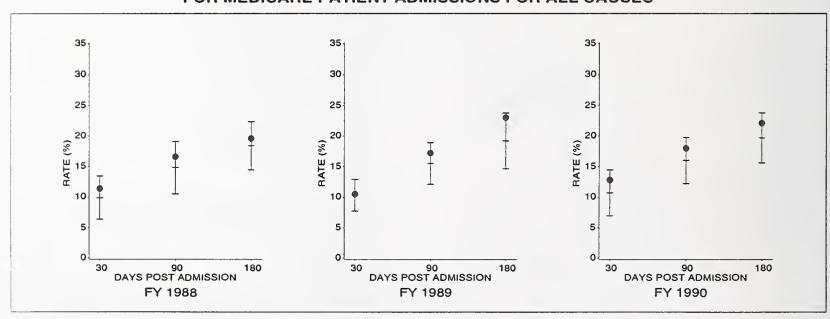
2900 S E STEELE STREET PORTLAND, OR 97202 Medicare Provider Number: 380039

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

	MORTALITY RATES (%)									
		3	30 DAY	S	9	DAYS	3	18	0 DAYS	3
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	588	12.8	10.7	1.9	18.0	16.0	1.9	22.1	19.7	2.1
CONDITIONS:										
Acute Myocardial Infarction	14	28.6	20.3		35.7	23.6		42.9	26.1	
Congestive Heart Failure	26	42.3	15.8		46.2	24.1		50.0	30.2	
Pneumonia/Influenza	35	17.1	17.1		22.9	23.7		28.6	27.6	
Chronic Obstructive Pulmonary Disease	10	0.0	7.1		0.0	12.0		0.0	15.5	
Transient Cerebral Ischemia	7	0.0	1.5		0.0	3.7		0.0	6.5	
Stroke	37	5.4	17.9		13.5	24.4		16.2	28.6	
Hip Fracture	27	11.1	7.3		18.5	12.2		18.5	15.5	
Sepsis	8	25.0	19.4	4400	37.5	25.3		37.5	29.8	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	0.0	8.4		0.0	12.9		0.0	15.4	****
Carotid Endarterectomy	3	0.0	0.8		0.0	1.5		0.0	2.4	
Hip Replacement/Reconstruction	32	3.1	3.8		6.3	6.7		6.3	8.7	
Open Reduction of Hip Fracture	9	22.2	6.9		33.3	12.1		33.3	16.0	
Prostatectomy	19	0.0	0.9		5.3	1.9		5.3	3.3	
Cholecystectomy	10	20.0	3.5		20.0	7.2		20.0	10.2	
Hysterectomy	9	0.0	0.5	••••	0.0	0.9		0.0	1.4	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **EASTMORELAND GENERAL HOSPITAL**

Medicare Provider Number: 380039

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.8 years	Cancer	7.5 %
Proportion female	58.5 %	Chronic cardiovascular disease	34.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	43.5 %	Chronic renal disease	2.4 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	13.9 %
Admitted for elective procedure	20.6 %	Cerebrovascular degeneration	5.4 %
Admitted for emergency	56.6 %	Diabetes mellitus	5.6 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	۷:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	59.6%	Hospital	6.4 Days
State	35.8%	State	6.0 Days
Outside State	4.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 78	Burn Unit No
Occupancy Rate 34.0 %	Cardiac Intensive Care No
Ownership/Control Private, For Profit	Comprehensive Geriatric No
Medicare Discharges 52.4 %	Hospice Care No
Case Mix Index (CMI) 1.3782	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 122	Other Intensive Care No
Percent of Physicians Board Certified Specialists 56.6 %	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/Drug No
Licensed Practical Nurses	RehabilitationYes
Licensed Fractical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

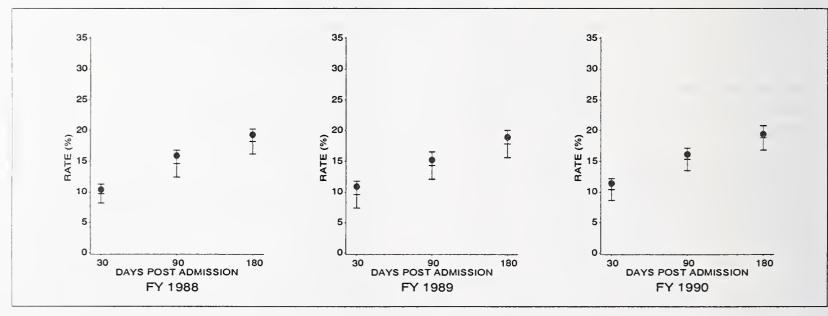
EMANUEL HOSPITAL & HEALTH CENTER
2801 N GANTENBEIN AVENUE
PORTLAND, OR 97227
Medicare Provider Number: 380007

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)								
			30 DAY	S	9	0 DAYS	3	180	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1771	11.4	10.4	0.9	16.1	15.3	0.9	19.4	18.8	1.0
CONDITIONS:										
Acute Myocardial Infarction	50	18.0	25.6		20.0	29.0		22.0	31.8	
Congestive Heart Failure	85	17.6	13.5	4.6	27.1	21.3	5.8	34.1	27.2	7.1
Pneumonia/Influenza	82	14.6	13.6	3.9	20.7	18.8	6.7	24.4	22.2	7.0
Chronic Obstructive Pulmonary Disease	12	8.3	10.9		8.3	19.0		16.7	24.9	
Transient Cerebral Ischemia	14	0.0	1.3		0.0	3.0		0.0	5.0	
Stroke	79	22.8	21.6	6.7	29.1	28.4	6.1	32.9	32.4	5.4
Hip Fracture	58	3.4	8.3	4.6	17.2	14.5	5.1	20.7	18.6	6.6
Sepsis	26	23.1	18.7		30.8	25.0		42.3	29.4	
PROCEDURES:										
Angioplasty	15	0.0	3.3		0.0	4.2		0.0	5.1	
Coronary Artery Bypass Graft	41	2.4	6.3	••••	2.4	8.6		2.4	9.4	
Initial Pacemaker Insertion	11	9.1	3.3		9.1	7.0		18.2	10.3	
Carotid Endarterectomy	11	0.0	1.3		0.0	2.3		0.0	3.6	
Hip Replacement/Reconstruction	69	2.9	2.1	1.9	4.3	4.0	2.6	7.2	5.4	3.2
Open Reduction of Hip Fracture	40	2.5	7.1		15.0	13.0		20.0	17.1	
Prostatectomy	61	0.0	1.0	1.5	0.0	2.3	2.8	0.0	3.9	4.3
Cholecystectomy	25	0.0	2.9		4.0	5.3		8.0	7.2	
Hysterectomy	13	0.0	0.3		0.0	0.7		0.0	1.3	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## EMANUEL HOSPITAL & HEALTH CENTER Medicare Provider Number: 380007

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	73.7 years	Cancer	7.7 %
Proportion female	50.8 %	Chronic cardiovascular disease	40.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	40.2 %	Chronic renal disease	3.1 %
Transferred from skilled nursing facility	1.6 %	Chronic pulmonary disease	13.4 %
Admitted for elective procedure	8.9 %	Cerebrovascular degeneration	4.2 %
Admitted for emergency	13.1 %	Diabetes mellitus	8.0 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	<b>N</b> :	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	71.4%	Hospital	7.4 Days
State	20.5%	State	6.0 Days
Outside State	8.1%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	00					
PROFILE:	SPECIALTY SERVICES:					
Total Beds	Burn UnitYes					
Occupancy Rate 60.0 %	Cardiac Intensive Care No					
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes					
Medicare Discharges 13.7 %	Hospice Care No					
Case Mix Index (CMI) 1.7340	Medical/Surgical Intensive CareYes					
STAFFING:	Organ/Tissue TransplantYes					
Total Number of Physicians 305	Other Intensive Care No					
Percent of Physicians Board Certified Specialists	Trauma Center					
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:					
Registered Nurses	Alcohol/Drug No					
Licensed Practical Nurses	RehabilitationYes					
	Psychiatric No					
** Except for CMI	Medicare Swing Beds No					

<sup>\*</sup> Not used in calculating mortality rates

#### **GOOD SAMARITAN HOSPITAL & MEDICAL CENTER**

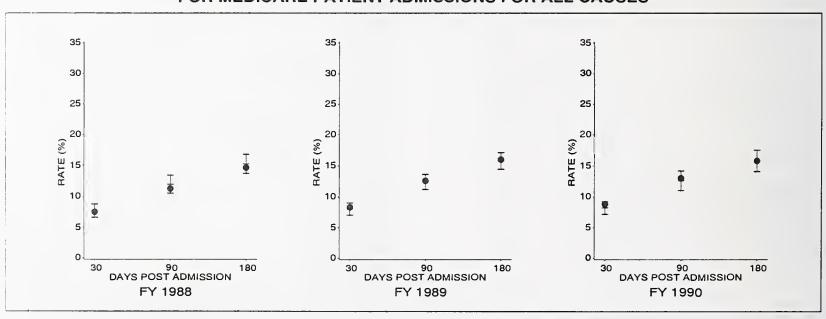
1015 NW 22ND AVE PORTLAND, OR 97210 Medicare Provider Number: 380017

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	овѕ	PRED	SD	
ALL CAUSES	3071	8.8	8.2	0.5	13.0	12.6	0.8	15.8	15.8	0.	
CONDITIONS:											
Acute Myocardial Infarction	94	23.4	24.6	4.6	26.6	27.9	4.7	27.7	30.8	5.	
Congestive Heart Failure	125	15.2	14.9	4.5	26.4	24.0	4.4	32.0	30.6	4.	
Pneumonia/Influenza	118	16.1	14.7	3.5	21.2	20.3	5.1	24.6	23.9	5.	
Chronic Obstructive Pulmonary Disease	15	26.7	8.8		26.7	15.4		26.7	20.3		
Transient Cerebral Ischemia	13	0.0	2.1		7.7	4.6		15.4	7.4		
Stroke	91	20.9	21.7	4.5	30.8	28.5	5.2	36.3	32.4	5	
Hip Fracture	85	5.9	7.0	3.2	9.4	12.0	4.2	15.3	15.4	4	
Sepsis	37	18.9	19.6		24.3	26.8		24.3	31.1		
PROCEDURES:											
Angioplasty	128	3.9	2.1	1.9	5.5	2.9	2.5	8.6	3.8	3	
Coronary Artery Bypass Graft	207	5.3	4.8	2.0	5.8	7.1	2.4	6.3	8.2	2	
Initial Pacemaker Insertion	30	0.0	3.7		3.3	6.9		3.3	9.7		
Carotid Endarterectomy	18	0.0	1.8		0.0	3.1		0.0	4.4		
Hip Replacement/Reconstruction	85	2.4	2.6	1.7	2.4	4.7	3.4	7.1	6.4	2	
Open Reduction of Hip Fracture	40	7.5	7.1		15.0	12.3		20.0	15.7		
Prostatectomy	134	2.2	0.7	1.4	4.5	1.7	2.5	5.2	3.0	3	
Cholecystectomy	47	2.1	3.5		6.4	6.7		6.4	9.0		
Hysterectomy	30	0.0	0.4		0.0	0.8		0.0	1.5		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## GOOD SAMARITAN HOSPITAL & MEDICAL CENTER Medicare Provider Number: 380017

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	72.9 years	Cancer	7.0 %
Proportion female	53.6 %	Chronic cardiovascular disease	43.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.6 %
Referred by personal or HMO physician	63.9 %	Chronic renal disease	5.8 %
Transferred from skilled nursing facility	0.3 %	Chronic pulmonary disease	11.4 %
Admitted for elective procedure	34.4 %	Cerebrovascular degeneration	3.8 %
Admitted for emergency	37.5 %	Diabetes mellitus	12.5 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	46.7%	Hospital	6.3 Days
State	43.5%	State	6.0 Days
Outside State	9.8%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE: Total Beds	SPECIALTY SERVICES:  Burn Unit
Percent of Physicians Board Certified Specialists	Trauma Center No OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug No Rehabilitation Yes Psychiatric No Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

#### **GOOD SAMARITAN HOSPITAL CORVALLIS**

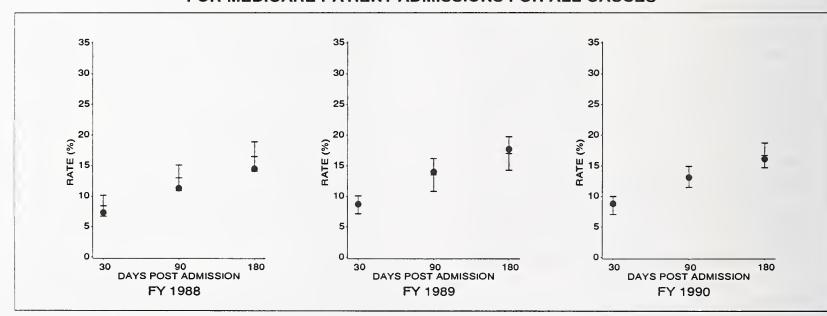
3600 N.W. SAMARITAN DRIVE CORVALLIS, OR 97330 Medicare Provider Number: 380014

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

CATEGORY		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			90 DAYS			18	180 DAYS		
		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1597	8.8	8.5	0.7	13.1	13.2	0.9	16.1	16.7	1.0	
CONDITIONS:											
Acute Myocardial Infarction	48	31.2	28.8		35.4	32.0		37.5	34.9		
Congestive Heart Failure	62	19.4	12.6	6.1	27.4	20.0	6.8	33.9	26.1	8.2	
Pneumonia/Influenza	68	4.4	14.4	5.8	7.4	19.7	6.7	11.8	23.3	6.6	
Chronic Obstructive Pulmonary Disease	18	5.6	7.1		11.1	12.8		16.7	16.9		
Transient Cerebral Ischemia	21	0.0	1.7		0.0	3.8		0.0	6.3		
Stroke	71	18.3	20.5	5.4	26.8	26.1	5.9	29.6	29.6	8.3	
Hip Fracture	44	11.4	6.8		18.2	11.8		22.7	15.3		
Sepsis	10	30.0	26.8		40.0	34.7		50.0	39.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	11	0.0	2.3		0.0	5.5		0.0	8.7		
Carotid Endarterectomy	16	0.0	1.3		6.3	2.5		6.3	3.8		
Hip Replacement/Reconstruction	75	5.3	2.8	2.3	10.7	5.0	3.8	13.3	6.7	4.3	
Open Reduction of Hip Fracture	21	9.5	4.8		9.5	9.1		14.3	12.3		
Prostatectomy	92	0.0	0.7	1.0	0.0	1.7	1.9	0.0	2.9	3.1	
Cholecystectomy	38	2.6	3.4		7.9	5.6		10.5	7.4		
Hysterectomy	13	0.0	0.6		0.0	1.5		0.0	2.4		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## GOOD SAMARITAN HOSPITAL CORVALLIS

Medicare Provider Number: 380014

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	74 7 vears	Cancer	12.3 %
	•		
Proportion female	54.5 %	Chronic cardiovascular disease	31.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	59.1 %	Chronic renal disease	1.9 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	15.5 %
Admitted for elective procedure	27.6 %	Cerebrovascular degeneration	2.3 %
Admitted for emergency	32.9 %	Diabetes mellitus	9.1 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	58.9%	Hospital	5.7 Days
State	38.5%	State	6.0 Days
Outside State	2.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 38.2 %	Hospice Care No
Case Mix Index (CMI) 1.2713	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 117	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 159	Alcohol/DrugYes
Licensed Practical Nurses	Rehabilitation No
	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

### GOOD SHEPHERD COMMUNITY HOSPITAL

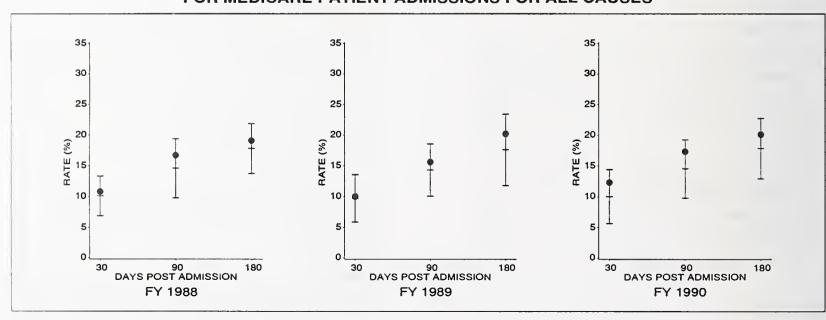
610 NW 11TH AVENUE HERMISTON, OR 97838 Medicare Provider Number: 380023

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	422	12.3	10.0	2.2	17.3	14.5	2.4	20.1	17.8	2.5	
CONDITIONS:											
Acute Myocardial Infarction	15	33.3	29.8		46.7	32.4		46.7	35.5		
Congestive Heart Failure	14	28.6	14.5		50.0	22.9		50.0	28.6		
Pneumonia/Influenza	27	25.9	16.8		29.6	23.2		33.3	26.8		
Chronic Obstructive Pulmonary Disease	8	0.0	7.6		0.0	12.3		0.0	16.0		
Transient Cerebral Ischemia	11	9.1	1.6		9.1	3.7		9.1	6.2		
Stroke	6	33.3	21.4		66.7	28.1		66.7	31.7		
Hip Fracture	14	7.1	4.6		7.1	8.7		7.1	11.7		
Sepsis	4	50.0	25.8		50.0	30.9		50.0	34.3		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	4	0.0	2.9		25.0	6.0		25.0	8.7		
Carotid Endarterectomy	9	22.2	1.4		22.2	2.7		22.2	3.9		
Hip Replacement/Reconstruction	11	0.0	1.9		0.0	3.7		0.0	5.2		
Open Reduction of Hip Fracture	7	14.3	4.1		14.3	8.0		14.3	11.2		
Prostatectomy	0										
Cholecystectomy	19	10.5	2.6		10.5	5.2		10.5	7.3		
Hysterectomy	4	0.0	0.1		0.0	0.2		0.0	0.4	••	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# GOOD SHEPHERD COMMUNITY HOSPITAL

Medicare Provider Number: 380023

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

PEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.0 years	Cancer	7.6 %
Proportion female	60.4 %	Chronic cardlovascular disease	36.5 %
ADMISSION SOURCES/TYPES:		Chronic Ilver disease	0.7 %
Referred by personal or HMO physician	54.7 %	Chronic renal disease	1.9 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.2 %
Admitted for elective procedure	0.5 %	Cerebrovascular degeneration	1.9 %
Admitted for emergency	93.6 %	Diabetes mellitus	6.6 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	78.1%	Hospital	6.2 Days
State	17.3%	State	6.0 Days
Outside State	4.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 44.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 32.8 %	Hospice Care No
Case Mix Index (CMI) 1.3289	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation
Licensed Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

### **GRANDE RONDE HOSPITAL**

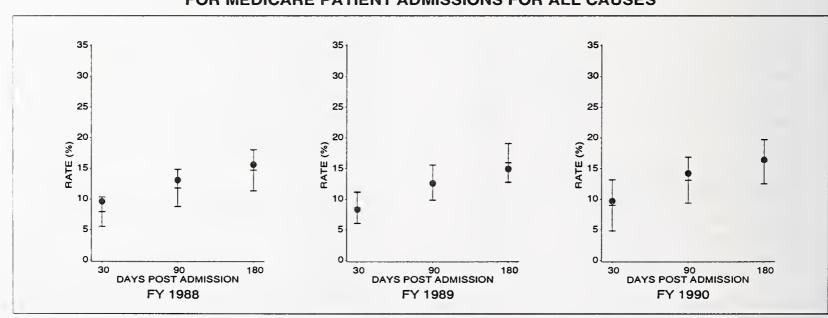
900 SUNSET DR, BOX 3290 LA GRANDE, OR 97850 Medicare Provider Number: 380035

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
		;	30 DAY	S	9	0 DAYS	\$	18	0 DAYS	;	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	овѕ	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	586	9.7	9.0	2.1	14.2	13.1	1.9	16.4	16.1	1.8	
CONDITIONS:											
Acute Myocardial Infarction	31	25.8	26.0		32.3	29.0		35.5	31.6		
Congestive Heart Failure	22	22.7	15.8		27.3	24.4		31.8	30.3		
Pneumonia/Influenza	41	17.1	17.7		29.3	24.5		29.3	28.8		
Chronic Obstructive Pulmonary Disease	12	8.3	7.5		8.3	12.9		16.7	17.1		
Transient Cerebral Ischemia	2	0.0	4.2		0.0	9.1		0.0	14.9		
Stroke	28	35.7	22.4		42.9	27.8		46.4	31.5		
Hip Fracture	27	3.7	7.5		11.1	12.8		18.5	16.4		
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	40	5.0	3.2		10.0	5.6		10.0	7.3		
Open Reduction of Hip Fracture	13	0.0	5.8		0.0	10.6		15.4	14.0		
Prostatectomy	35	0.0	1.2		5.7	2.9		5.7	5.1		
Cholecystectomy	26	3.8	3.0		3.8	5.2		7.7	6.6		
Hysterectomy	6	0.0	1.2		0.0	2.7		0.0	4.4	•	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## **GRANDE RONDE HOSPITAL**

Medicare Provider Number: 380035

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	75.7 years	Cancer	6.3 %
Proportion female	52.9 %	Chronic cardiovascular disease	41.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.5 %
Referred by personal or HMO physician	40.1 %	Chronic renal disease	1.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	20.8 %
Admitted for elective procedure	11.8 %	Cerebrovascular degeneration	3.6 %
Admitted for emergency	67.6 %	Diabetes mellitus	4.9 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	76.3%	Hospital	4.7 Days
State	20.4%	State	6.0 Days
Outside State	3.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 69	Burn Unit No
Occupancy Rate 44.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges(Not Available)	Hospice CareYes
Case Mix Index (CMI) 1.3015	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians41	Other Intensive Care No
Percent of Physicians Board Certified Specialists85.4 %	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/Drug No
Licensed Practical Nurses	Rehabilitation No
LICENSEC PROCINCINGISES	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

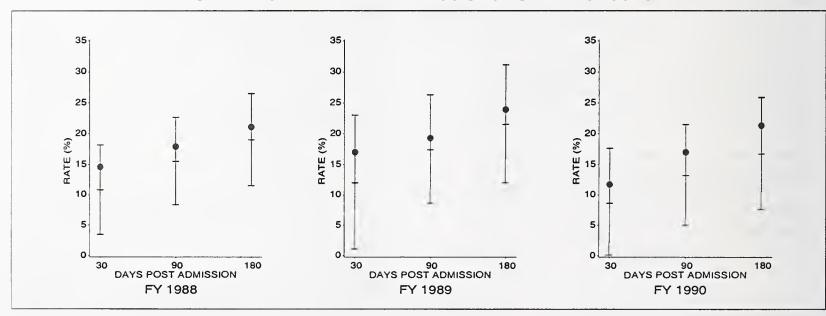
HARNEY DISTRICT HOSPITAL
557 W WASHINGTON ST
BURNS, OR 97720
Medicare Provider Number: 380069

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
			30 DAY	S	9	0 DAYS	3	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	94	11.7	8.6	4.5	17.0	13.2	4.2	21.3	16.7	4.6
CONDITIONS:										
Acute Myocardial Infarction	0									
Congestive Heart Failure	5	20.0	14.1		20.0	23.0		20.0	29.6	
Pneumonia/Influenza	14	21.4	10.5		28.6	14.8		50.0	18.1	
Chronic Obstructive Pulmonary Disease	2	0.0	5.0		0.0	9.1		0.0	13.6	
Transient Cerebral Ischemia	1	0.0	3.2		0.0	7.2		0.0	10.7	
Stroke	5	40.0	15.3		40.0	20.7		40.0	24.3	
Hip Fracture	1	0.0	7.0		100.0	15.2		100.0	21.3	
Sepsis	3	0.0	15.1		0.0	20.0		0.0	23.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### HARNEY DISTRICT HOSPITAL

Medicare Provider Number: 380069

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.5 years	Cancer	5.3 %
Proportion female	44.7 %	Chronic cardiovascular disease	26.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	34.0 %	Chronic renal disease	1.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	25.5 %
Admitted for elective procedure	3.2 %	Cerebrovascular degeneration	8.5 %
Admitted for emergency	5.3 %	Diabetes mellitus	3.2 %

### ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	81.2%	Hospital	4.6 Days
State	13.3%	State	6.0 Days
Outside State	5.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 15.8 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.1209	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians4	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationNo
Licensed Practical Nurses5	Psychlatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

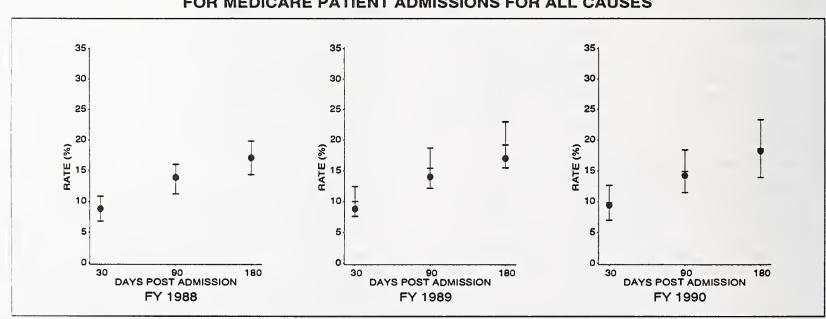
HOLLADAY PARK MEDICAL CENTER
1225 NE SECOND
PORTLAND, OR 97232
Medicare Provider Number: 380024

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)								_
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	709	9.4	9.8	1.4	14.2	14.9	1.7	18.2	18.6	2.4
CONDITIONS:										
Acute Myocardial Infarction	14	42.9	30.2		50.0	33.0		57.1	35.9	
Congestive Heart Failure	45	22.2	15.0		31.1	23.8		35.6	30.6	
Pneumonia/Influenza	27	7.4	15.8		7.4	22.0		11.1	26.0	
Chronic Obstructive Pulmonary Disease	2	50.0	12.8		50.0	20.6		50.0	26.3	*****
Transient Cerebral Ischemia	10	0.0	1.7		0.0	3.8		10.0	6.2	
Stroke	48	29.2	21.9		37.5	27.7		37.5	31.5	
Hip Fracture	40	2.5	7.4		5.0	12.8	*	7.5	16.7	
Sepsis	13	23.1	21.7		46.2	29.3		61.5	35.3	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	0.0	3.2		0.0	6.6		33.3	9.5	
Carotid Endarterectomy	6	0.0	2.7		0.0	4.9		16.7	7.1	
Hip Replacement/Reconstruction	25	0.0	4.7		4.0	8.7		4.0	11.9	••••
Open Reduction of Hip Fracture	21	0.0	6.3		0.0	11.5		4.8	15.3	
Prostatectomy	26	0.0	0.9		0.0	1.9		7.7	3.3	
Cholecystectomy	14	0.0	2.3		0.0	4.4		0.0	5.9	
Hysterectomy	10	0.0	1.4		0.0	3.2	••••	0.0	4.8	••••

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## **HOLLADAY PARK MEDICAL CENTER**

Medicare Provider Number: 380024

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.3 years	Cancer	8.0 %
Proportion female	60.5 %	Chronic cardiovascular disease	38.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.4 %
Referred by personal or HMO physician	53.5 %	Chronic renal disease	2.3 %
Transferred from skilled nursing facility	0.6 %	Chronic pulmonary disease	16.4 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	5.5 %
Admitted for emergency	50.2 %	Diabetes mellitus	5.5 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	79.5%	Hospital	6.2 Days
State	14.6%	State	6.0 Days
Outside State	5.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 47.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 45.6 %	Hospice Care No
Case Mix Index (CMI) 1.3020	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 234	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugYes
Licensed Practical Nurses	Rehabilitation No
20	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

### HOLY ROSARY MEDICAL CENTER

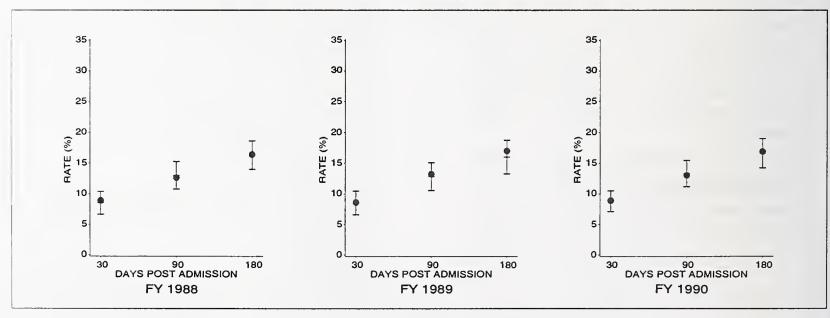
351 SW 9TH STREET ONTARIO, OR 97914 Medicare Provider Number: 380052

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				M	ORTALIT	Y RATE	S (%)				
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1122	8.9	8.8	0.8	13.0	13.3	1.1	16.9	16.6	1.2	
CONDITIONS:											
Acute Myocardial Infarction	59	28.8	20.7	10.1	33.9	24.2	11.4	35.6	27.1	11.2	
Congestive Heart Failure	50	20.0	14.0		24.0	21.9		34.0	28.0		
Pneumonia/Influenza	54	14.8	16.6	5.2	22.2	22.7	6.6	25.9	26.5	6.2	
Chronic Obstructive Pulmonary Disease	15	6.7	6.6		13.3	11.9		20.0	16.7		
Transient Cerebral Ischemia	14	0.0	1.2		0.0	2.9		0.0	5.2		
Stroke	32	12.5	19.9		15.6	27.7		21.9	32.0		
Hip Fracture	41	12.2	8.0		22.0	13.7		26.8	17.4		
Sepsis	11	9.1	18.1		9.1	25.2		9.1	29.3		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	21	4.8	3.2		4.8	5.5		9.5	7.4		
Open Reduction of Hip Fracture	24	12.5	6.9	••••	29.2	12.1		33.3	15.7		
Prostatectomy	77	0.0	0.6	1.1	0.0	1.4	1.8	1.3	2.4	2.0	
Cholecystectomy	23	4.3	1.5		4.3	2.6		4.3	3.2		
Hysterectomy	17	5.9	0.5		11.8	1.1		11.8	1.8		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### HOLY ROSARY MEDICAL CENTER

Medicare Provider Number: 380052

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission 7	5.3 years	Cancer	7.5 %
Proportion female 5	51.4 %	Chronic cardiovascular disease	43.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician 3	37.9 %	Chronic renal disease	1.2 %
Transferred from skilled nursing facility	1.5 %	Chronic pulmonary disease	19.6 %
Admitted for elective procedure 2	21.1 %	Cerebrovascular degeneration	4.5 %
Admitted for emergency	7.5 %	Diabetes mellitus	9.4 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	49.0%	Hospital	6.2 Days
State	4.7%	State	6.0 Days
Outside State	46.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 74	Burn Unit No
Occupancy Rate 62.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 32.9 %	Hospice Care No
Case Mix Index (CMI) 1.1965	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses	Rehabilitation No
Licensed Flactical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

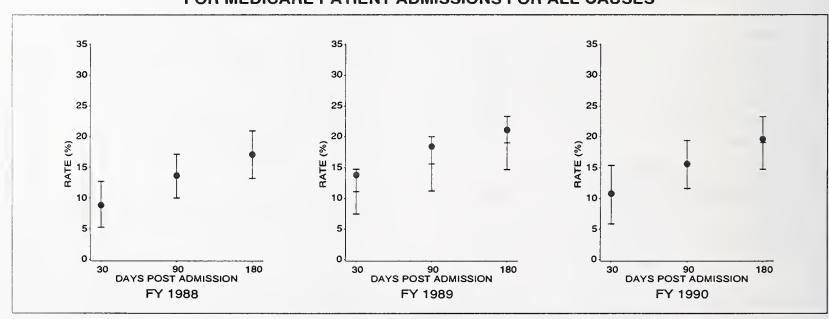
HOOD RIVER MEMORIAL HOSPITAL 13TH & MAY STREETS, BOX 149 HOOD RIVER, OR 97031 Medicare Provider Number: 380006

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)								
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	352	10.8	10.6	2.4	15.6	15.5	1.9	19.6	19.0	2.1
CONDITIONS:										
Acute Myocardial Infarction	12	33.3	25.9		41.7	28.2		50.0	30.8	
Congestive Heart Failure	32	9.4	14.8		15.6	22.1		18.8	28.2	
Pneumonia/Influenza	19	0.0	12.7		10.5	18.0		15.8	22.0	
Chronic Obstructive Pulmonary Disease	6	0.0	5.8		0.0	10.2		0.0	13.5	
Transient Cerebral Ischemia	2	0.0	1.2		0.0	2.9		0.0	5.1	
Stroke	19	15.8	18.1		26.3	24.0		36.8	27.6	
Hip Fracture	15	6.7	6.6		6.7	12.4		6.7	16.8	
Sepsis	4	50.0	31.1		50.0	45.5		75.0	53.4	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	4	0.0	1.1		0.0	2.1		0.0	3.0	
Hip Replacement/Reconstruction	8	12.5	4.4	••••	12.5	7.8		12.5	10.3	
Open Reduction of Hip Fracture	9	0.0	4.9		0.0	10.0		0.0	14.0	
Prostatectomy	18	0.0	1.3		0.0	3.3		11.1	5.7	
Cholecystectomy	12	0.0	1.5	••••	0.0	2.9		8.3	4.0	
Hysterectomy	4	0.0	1.5		0.0	3.4		0.0	5.4	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## HOOD RIVER MEMORIAL HOSPITAL

Medicare Provider Number: 380006

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.9 years	Cancer	5.7 %
Proportion female	52.0 %	Chronic cardiovascular disease	36.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	68.8 %	Chronic renal disease	2.0 %
Transferred from skilled nursing facility	0.3 %	Chronic pulmonary disease	15.3 %
Admitted for elective procedure	11.9 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	41.8 %	Diabetes mellitus	5.1 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	71.8%	Hospital	4.5 Days
State	8.8%	State	6.0 Days
Outside State	19.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 37.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Gerlatric No
Medicare Discharges 38.7 %	Hospice Care No
Case Mix Index (CMI) 1.2401	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation No
	PsychlatricYes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

### JOSEPHINE MEMORIAL HOSPITAL

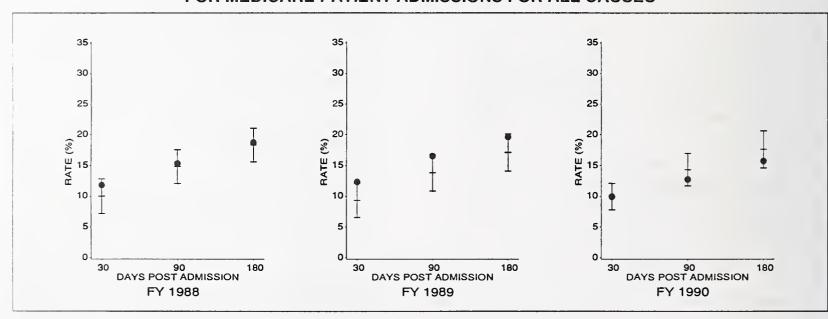
715 N W DIMMICK GRANTS PASS, OR 97526 Medicare Provider Number: 380002

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	899	9.9	9.9	1.1	12.7	14.3	1.3	15.7	17.6	1.5	
CONDITIONS:											
Acute Myocardial Infarction	33	12.1	31.2		12.1	33.6		18.2	36.2		
Congestive Heart Failure	32	12.5	15.4		18.8	23.5		21.9	30.0		
Pneumonia/Influenza	66	3.0	13.9	5.7	6.1	19.2	6.7	7.6	22.5	7.2	
Chronic Obstructive Pulmonary Disease	12	0.0	8.9		8.3	15.1		16.7	19.1		
Transient Cerebral Ischemia	4	0.0	1.7		0.0	4.0		0.0	6.5		
Stroke	45	24.4	22.7		28.9	28.1		37.8	31.5		
Hip Fracture	27	14.8	5.6		18.5	10.1		18.5	13.4		
Sepsis	19	5.3	19.9		5.3	26.1		21.1	30.6		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	1	0.0	21.3		0.0	30.1		0.0	34.3		
Carotid Endarterectomy	2	0.0	1.3		0.0	2.5		0.0	3.5		
Hip Replacement/Reconstruction	18	11.1	3.0		11.1	5.5		11.1	7.3		
Open Reduction of Hip Fracture	17	11.8	4.3		17.6	7.9		17.6	10.6		
Prostatectomy	39	0.0	1.0		0.0	2.3		0.0	3.9		
Cholecystectomy	30	0.0	2.3		0.0	4.5		0.0	6.1		
Hysterectomy	11	0.0	0.8		0.0	1.6		0.0	2.5		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# JOSEPHINE MEMORIAL HOSPITAL Medicare Provider Number: 380002

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.3 years	Cancer	7.9 %
Proportion female	53.4 %	Chronic cardiovascular disease	33.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.6 %
Referred by personal or HMO physician	43.2 %	Chronic renal disease	1.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.5 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	4.0 %
Admitted for emergency	99.4 %	Diabetes mellitus	6.5 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	83.6%	Hospital	4.8 Days
State	11.7%	State	6.0 Days
Outside State	4.7%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 81	Burn Unit No
Occupancy Rate	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.2041	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 58	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	RehabilitationNo
- Locitod Francisco Franci	Psychiatric No
* Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

KAISER SUNNYSIDE MEDICAL CENTER

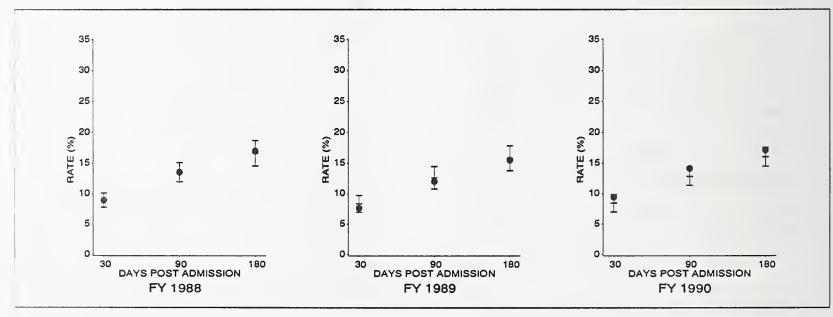
10180 SE SUNNYSIDE ROAD
CLACKAMAS, OR 97015
Medicare Provider Number: 380091

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	ОВЅ	PRED	SD*	
ALL CAUSES	3069	9.4	8.4	0.7	14.1	12.8	0.7	17.1	16.0	0.8	
CONDITIONS:											
Acute Myocardial Infarction	100	17.0	24.2	5.2	21.0	27.4	5.2	25.0	30.0	5.0	
Congestive Heart Failure	110	19.1	14.9	4.4	27.3	23.3	4.9	31.8	29.3	4.5	
Pneumonia/influenza	120	15.0	15.6	4.2	25.0	21.5	5.2	30.0	25.6	5.0	
Chronic Obstructive Pulmonary Disease	38	10.5	8.2		15.8	13.5		21.1	17.5		
Transient Cerebral Ischemia	22	4.5	1.4		4.5	3.3		4.5	5.6		
Stroke	146	19.9	18.1	3.5	30.1	25.5	5.0	34.2	29.6	4.4	
Hip Fracture	88	11.4	6.8	4.6	13.6	12.4	3.7	13.6	16.4	4.6	
Sepsis	49	22.4	19.4		34.7	26.6		38.8	31.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker insertion	35	0.0	2.2		0.0	4.6		2.9	7.0		
Carotid Endarterectomy	11	0.0	1.2	••••	0.0	2.1		0.0	3.2		
Hip Replacement/Reconstruction	62	4.8	3.8	2.8	6.5	7.0	3.3	6.5	9.5	4.5	
Open Reduction of Hip Fracture	27	11.1	6.0		11.1	11.2		11.1	15.1		
Prostatectomy	92	0.0	0.5	0.8	0.0	1.2	1.4	0.0	2.2	2.1	
Choiecystectomy	70	4.3	1.8	2.8	4.3	3.2	. 3.2	4.3	4.2	3.6	
Hysterectomy	22	0.0	0.8	••••	0.0	1.9		0.0	2.8		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## KAISER SUNNYSIDE MEDICAL CENTER

Medicare Provider Number: 380091

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.7 years	Cancer	7.3 %
Proportion female	53.5 %	Chronic cardiovascular disease	32.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	7.1 %	Chronic renal disease	3.9 %
Transferred from skilled nursing facility	0.2 %	Chronic pulmonary disease	10.3 %
Admitted for elective procedure	22.3 %	Cerebrovascular degeneration	6.1 %
Admitted for emergency	57.8 %	Diabetes mellitus	6.6 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	23.9%	Hospital	5.6 Days
State	68.0%	State	6.0 Days
Outside State	8.1%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 79.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 37.1 %	Hospice CareYes
Case Mix Index (CMI) 1.1771	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation No
Licensed Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

### LAKE DISTRICT HOSPITAL

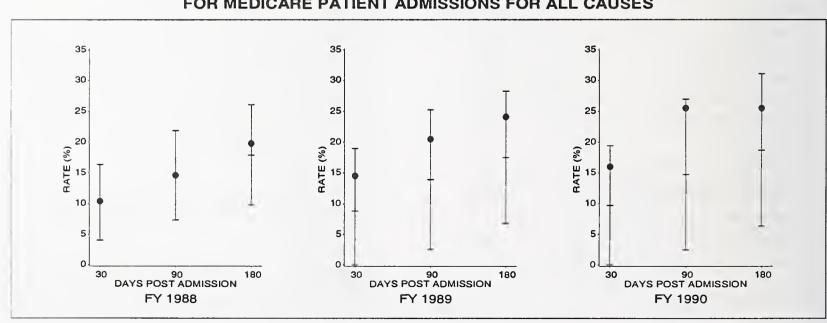
700 SOUTH J STREET LAKEVIEW, OR 97630 Medicare Provider Number: 380088

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	94	16.0	9.7	4.9	25.5	14.7	6.1	25.5	18.7	6.2	
CONDITIONS:											
Acute Myocardial Infarction	3	66.7	23.7		66.7	26.5		66.7	29.9		
Congestive Heart Failure	5	20.0	12.6		40.0	20.7		40.0	26.2		
Pneumonia/Influenza	6	33.3	11.8		33.3	16.5		33.3	20.1		
Chronic Obstructive Pulmonary Disease	0										
Transient Cerebral Ischemia	0										
Stroke	2	0.0	18.8		50.0	24.4		50.0	29.2		
Hip Fracture	0										
Sepsis	2	0.0	27.6	••••	50.0	32.8	••••	50.0	39.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	0										
Cholecystectomy	2	0.0	2.2		0.0	4.0		0.0	5.1		
Hysterectomy	2	50.0	0.9		50.0	1.9		50.0	3.0		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# LAKE DISTRICT HOSPITAL

Medicare Provider Number: 380088

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	COMORBIDITIES:
Average age at admission 77.6 years	Cancer 7.4 %
Proportion female 56.4 %	Chronic cardiovascular disease 22.3 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 1.1 %
Referred by personal or HMO physician 41.5 %	Chronic renal disease 5.3 %
Transferred from skilled nursing facility 7.4 %	Chronic pulmonary disease 19.1 %
Admitted for elective procedure 0.0 %	Cerebrovascular degeneration 6.4 %
Admitted for emergency	Diabetes mellitus 4.3 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	84.1%	Hospital	3.6 Days
State	5.8%	State	6.0 Days
Outside State	10.1%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 68	Burn Unit No
Occupancy Rate 51.0 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric Yes
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 0.9572	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 7	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/Drug No
Licensed Practical Nurses	Rehabilitation No
2.001.000 1 1001.001 1101.000	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

### LEBANON COMMUNITY HOSPITAL

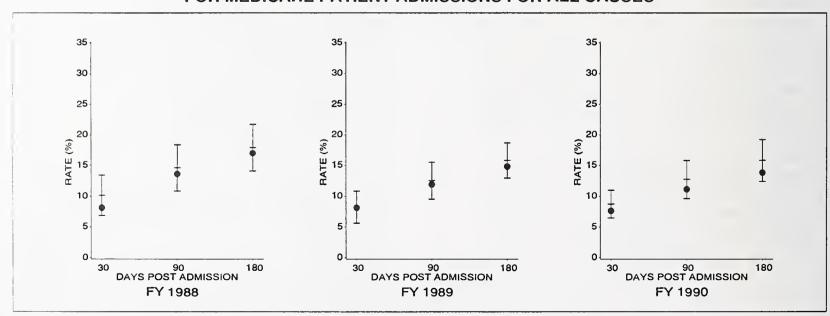
525 NORTH SANTIAM HIGHWAY LEBANON, OR 97355 Medicare Provider Number: 380008

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1049	7.6	8.7	1.1	11.1	12.7	1.5	13.8	15.8	1.7	
CONDITIONS:											
Acute Myocardial Infarction	46	19.6	29.6	****	23.9	32.2		28.3	34.8		
Congestive Heart Failure	55	23.6	14.7	9.8	29.1	22.8	8.2	32.7	28.9	7.4	
Pneumonia/Influenza	67	11.9	14.1	6.1	17.9	19.5	5.7	22.4	23.1	5.3	
Chronic Obstructive Pulmonary Disease	26	3.8	10.0		7.7	17.1		7.7	22.5		
Transient Cerebral Ischemia	13	0.0	1.9		0.0	4.4		0.0	7.2		
Stroke	42	21.4	19.4		26.2	26.2	••••	31.0	30.1		
Hip Fracture	20	0.0	7.1		5.0	12.7		5.0	16.4		
Sepsis	9	33.3	40.5		44.4	49.8		44.4	54.5		
PROCEDURES:											
Angiopla <b>sty</b>	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	11	0.0	6.9		0.0	12.7	••••	0.0	16.7		
Open Reduction of Hip Fracture	5	0.0	5.6	•••	0.0	9.8		0.0	12.5		
Prostatectomy	34	0.0	0.6	••••	0.0	1.4	•	2.9	2.4		
Cholecystectomy	25	0.0	1.3	••••	0.0	2.3		4.0	3.1		
Hysterectomy	9	0.0	0.2		0.0	0.5		0.0	0.9		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# LEBANON COMMUNITY HOSPITAL Medicare Provider Number: 380008

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission 7	5.0 years	Cancer	5.0 %
Proportion female 5	33.5 %	Chronic cardiovascular disease	54.5 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.6 %
Referred by personal or HMO physician 2	9.6 %	Chronic renal disease	0.8 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	18.2 %
Admitted for elective procedure	8.8 %	Cerebrovascular degeneration	5.3 %
Admitted for emergency 6	88.6 %	Diabetes mellitus	6.3 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION:	M	EDICARE AVERAGE LENGTH OF STAY:	
County/City93	3.4%	Hospital	4.1 Days
State	4.1%	State	6.0 Days
Outside State	2.5%	National	8.6 Days
Total 100	0.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 67	Burn Unit No
Occupancy Rate 44.0 %	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges 47.0 %	Hospice CareYes
Case Mix Index (CMI) 1.0515	Medicai/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians40	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/Drug No
Licensed Practical Nurses	Rehabilitation No
17	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

## LOWER UMPQUA HOSPITAL

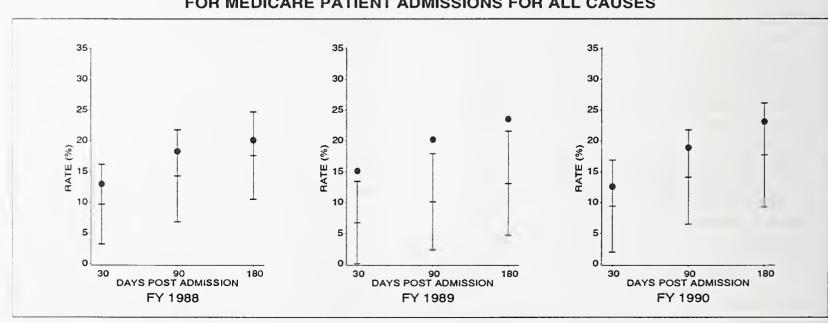
600 RANCH ROAD REEDSPORT, OR 97467 Medicare Provider Number: 380065

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALIT	YRATE	S (%)				
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	143	12.6	9.4	3.7	18.9	14.1	3.8	23.1	17.7	4.2	
CONDITIONS:											
Acute Myocardial Infarction	6	66.7	29.7		66.7	32.1		83.3	34.6		
Congestive Heart Failure	4	0.0	10.6		0.0	16.0		0.0	21.3		
Pneumonia/Influenza	10	10.0	12.9		20.0	18.2		20.0	22.1		
Chronic Obstructive Pulmonary Disease	6	0.0	4.9		0.0	9.4		0.0	13.8		
Transient Cerebral Ischemia	2	0.0	5.8		50.0	12.9		50.0	19.5		
Stroke	9	44.4	24.6		44.4	31.9		55.6	36.2		
Hip Fracture	5	20.0	8.2		20.0	14.4		20.0	18.7		
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	1	0.0	2.6		0.0	4.2		0.0	5.3		
Hip Replacement/Reconstruction	4	0.0	7.1		0.0	13.0		0.0	17.0		
Open Reduction of Hip Fracture	0										
Prostatectomy	5	0.0	0.7		0.0	1.3		0.0	2.0		
Cholecystectomy	5	0.0	1.5		0.0	2.4		0.0	3.0		
Hysterectomy	0										

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## LOWER UMPQUA HOSPITAL

Medicare Provider Number: 380065

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission 74	.7 years	Cancer	10.5 %
Proportion female 54.	1.5 %	Chronic cardiovascular disease	36.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician 42.	2.0 %	Chronic renal disease	2.1 %
Transferred from skilled nursing facility 0.	0.0 %	Chronic pulmonary disease	21.7 %
Admitted for elective procedure 41.	.3 %	Cerebrovascular degeneration	4.2 %
Admitted for emergency 53.	3.1 %	Diabetes mellitus	12.6 %

### ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

ORIGIN OF MEDICARE PATIENT ADMISSION	<b>l</b> :	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	71.2%	Hospital	4.3 Days
State	24.7%	State	6.0 Days
Outside State	4.1%	National	8.6 Days
Total	100.0%		

PROFILE:	
Total Beds 40  Occupancy Rate 62.0 %  Ownership/Control District/Authority  Medicare Discharges 48.6 %  Case Mix Index (CMI) 1.0607	Burn Unit
STAFFING:  Total Number of Physicians 10  Percent of Physicians Board Certified Specialists 80.0 %  Medical Residents/Interns (Not Available)  Registered Nurses (Not Available)  Licensed Practical Nurses (Not Available)  ** Except for CMI	Organ/Tissue Transplant No Other Intensive Care No Trauma Center Yes OTHER SPECIALTY/HOSPITAL-BASED SERVICES: Alcohol/Drug No Rehabilitation No Psychiatric No Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

# MCKENZIE-WILLAMETTE MEMORIAL HOSPITAL

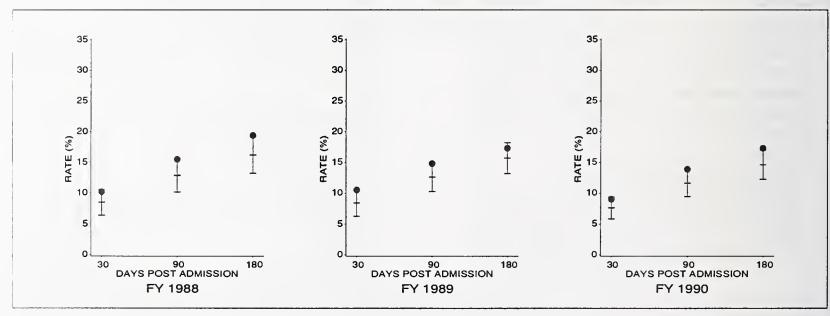
1460 "G" STREET SPRINGFIELD, OR 97477 Medicare Provider Number: 380020

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				M	ORTALIT	YRATE	S (%)		-	
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	3
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1441	9.0	7.6	0.9	13.9	11.6	1.1	17.3	14.6	1.2
CONDITIONS:										
Acute Myocardial Infarction	42	16.7	25.3		26.2	28.6		26.2	31.4	
Congestive Heart Fallure	77	15.6	13.3	4.8	24.7	21.2	5.6	32.5	27.6	7.1
Pneumonia/Influenza	69	14.5	13.8	4.6	17.4	19.2	4.9	26.1	22.8	5.4
Chronic Obstructive Pulmonary Disease	18	0.0	4.7		16.7	8.5		22.2	11.6	
Transient Cerebral Ischemia	17	23.5	2.0		23.5	4.5		35.3	7.1	
Stroke	43	18.6	16.6		20.9	21.8		23.3	25.0	
Hip Fracture	52	3.8	5.3	4.1	7.7	9.5	5.0	7.7	12.6	6.1
Sepsis	17	29.4	25.0		41.2	35.6		41.2	41.2	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	5	0.0	2.7		0.0	5.3		0.0	7.8	
Carotid Endarterectomy	21	0.0	1.4		0.0	2.7		0.0	4.2	
Hip Replacement/Reconstruction	37	0.0	1.7		0.0	3.2		0.0	4.6	
Open Reduction of Hip Fracture	15	6.7	4.5		6.7	8.2		6.7	11.1	•••••
Prostatectomy	99	1.0	0.5	1.2	2.0	1.1	2.0	2.0	2.0	3.4
Cholecystectomy	53	0.0	2.6	2.9	1.9	4.7	3.9	1.9	6.2	4.5
Hysterectomy	19	0.0	0.6		0.0	1.4		0.0	2.2	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## MCKENZIE-WILLAMETTE MEMORIAL HOSPITAL

Medicare Provider Number: 380020

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.6 years	Cancer	7.6 %
Proportion female	51.7 %	Chronic cardiovascular disease	35.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	52.9 %	Chronic renal disease	1.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	15.3 %
Admitted for elective procedure	31.4 %	Cerebrovascular degeneration	2.8 %
Admitted for emergency	44.4 %	Diabetes mellitus	7.5 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.6%	Hospital	5.8 Days
State	9.4%	State	6.0 Days
Outside State	3.0%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 114	Burn Unit No
Occupancy Rate 54.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 35.3 %	Hospice CareYes
Case Mix Index (CMI) 1.3642	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	RehabilitationNo
Licensed Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

## MCMINNVILLE COMMUNITY HOSPITAL

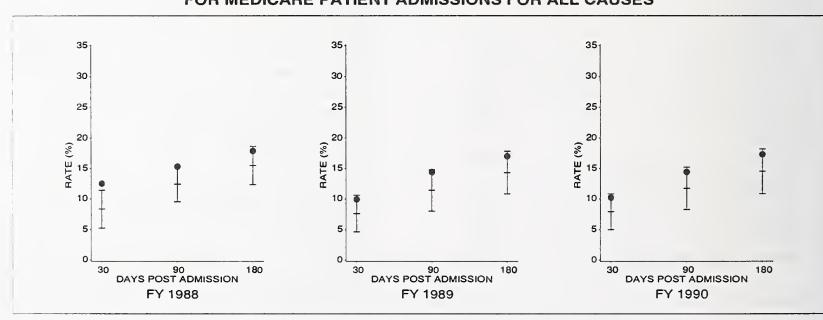
603 S BAKER ST MCMINNVILLE, OR 97128 Medicare Provider Number: 380071

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

	MORTALITY RATES (%)									
		- 3	30 DAY	s	9	0 DAYS	3	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	693	10.2	7.9	1.5	14.4	11.7	1.7	17.3	14.5	1.8
CONDITIONS:										
Acute Myocardial Infarction	29	37.9	29.1		37.9	32.4		41.4	35.2	
Congestive Heart Failure	31	16.1	14.4		22.6	23.1		29.0	29.5	
Pneumonia/Influenza	37	10.8	14.1		13.5	19.2		16.2	22.8	
Chronic Obstructive Pulmonary Disease	12	0.0	7.6		8.3	13.1		16.7	17.3	
Transient Cerebral Ischemia	6	16.7	1.1		16.7	2.7		16.7	4.8	
Stroke	23	34.8	18.8		39.1	25.9		39.1	29.8	
Hip Fracture	38	10.5	6.4		15.8	11.6		15.8	15.3	
Sepsis	4	50.0	22.6		50.0	29.4		50.0	34.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	3	33.3	3.5		33.3	6.9		33.3	9.9	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	27	3.7	3.1		7.4	6.0		7.4	8.2	
Open Reduction of Hip Fracture	19	15.8	5.6		21.1	10.3		21.1	13.6	
Prostatectomy	49	2.0	0.8		4.1	1.8		4.1	3.1	
Cholecystectomy	17	5.9	1.4		5.9	2.4		5.9	3.1	
Hysterectomy	8	0.0	0.1	••••	0.0	0.3		0.0	0.6	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### MCMINNVILLE COMMUNITY HOSPITAL

Medicare Provider Number: 380071

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.0 years	Cancer	4.3 %
Proportion female	52.7 %	Chronic cardiovascular disease	38.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.3 %
Referred by personal or HMO physician	99.0 %	Chronic renal disease	2.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	12.8 %
Admitted for elective procedure	23.8 %	Cerebrovascular degeneration	5.9 %
Admitted for emergency	54.4 %	Diabetes mellitus	5.9 %

## **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	80.4%	Hospital	5.6 Days
State	17.0%	State	6.0 Days
Outside State	2.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 61	Burn Unit No
Occupancy Rate	Cardiac Intensive Care No
Ownership/Control Private, For Profit	Comprehensive Geriatric No
Medicare Discharges	Hospice CareYes
Case Mix Index (CMI) 1.2256	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists 90.2 %	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
Registered Nurses 67  Licensed Practical Nurses 9	Rehabilitation No
Licensed Fractical Nurses9	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

### MEDICAL CENTER HOSPITAL

511 SW 10TH AVENUE PORTLAND, OR 97205 Medicare Provider Number: 380030

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				МО	ALITY RATES (%)						
			30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	80	0.0	0.6	1.4	1.2	1.4	2.2	3.8	2.5	2.7	
CONDITIONS:											
Acute Myocardial Infarction	0										
Congestive Heart Failure	0										
Pneumonia/Influenza	0										
Chronic Obstructive Pulmonary Disease	0										
Transient Cerebral Ischemia	0										
Stroke	0										
Hip Fracture	0										
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	0										
Cholecystectomy	0										
Hysterectomy	0										

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

## MEDICAL CENTER HOSPITAL

Medicare Provider Number: 380030

## FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	52.1 years	Cancer	0.0 %
Proportion female	25.0 %	Chronic cardiovascular disease	15.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	11.3 %
Referred by personal or HMO physician	91.3 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	8.8 %
Admitted for elective procedure	88.8 %	Cerebrovascular degeneration	25.0 %
Admitted for emergency	0.0 %	Diabetes mellitus	1.3 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	60.0%	Hospital	13.3 Days
State	26.9%	State	6.0 Days
Outside State	13.1%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)	)** - Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds41	Burn Unit No
Ownership/Control Private, For Profit	Coronary Care Unit No
Case Mix Index (CMI) 0.8109	Hospice Care No
STAFFING:	Intensive Care Unit No
Medical Residents/Interns 0	Organ Transplant No
Registered Nurses 6	Trauma Center No
Licensed Practical Nurses 1	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
	RehabilitationNo
	Psychiatric Yes
	Medicare Swing Beds No
** Except for CMI	

<sup>\*</sup> Not used in calculating mortality rates

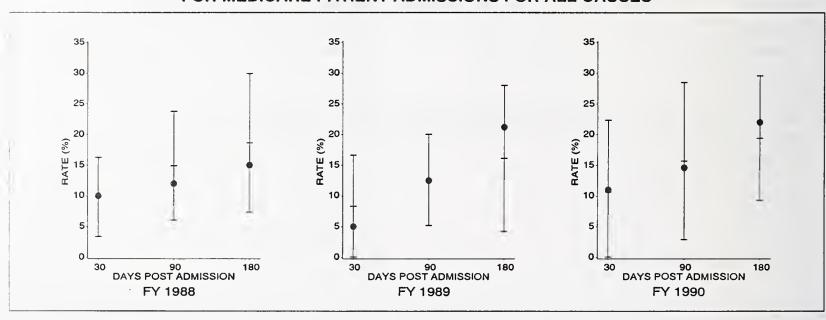
MERCY FOREST GLEN HOSPITAL 495 SW FIRST STREET, BOX 198 CANYONVILLE, OR 97417 Medicare Provider Number: 380059

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

			S (%)							
	NUMBER OF CASES		30 DAYS			0 DAYS	3	180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	82	11.0	10.6	5.9	14.6	15.7	6.4	22.0	19.4	5.1
CONDITIONS:										
Acute Myocardial Infarction	7	14.3	21.8		14.3	23.8		28.6	25.8	
Congestive Heart Failure	6	0.0	17.5		16.7	26.7		16.7	32.4	
Pneumonia/Influenza	8	0.0	14.8		0.0	19.8		12.5	23.7	
Chronic Obstructive Pulmonary Disease	2	50.0	11.6		50.0	18.8		50.0	23.5	
Transient Cerebral Ischemia	6	0.0	2.3		0.0	5.3		33.3	8.5	
Stroke	4	25.0	25.1		25.0	32.6		25.0	36.9	
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# MERCY FOREST GLEN HOSPITAL Medicare Provider Number: 380059

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.6 years	Cancer	6.1 %
Proportion female	67.1 %	Chronic cardiovascular disease	63.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	50.0 %	Chronic renal disease	6.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	23.2 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	7.3 %
Admitted for emergency	97.6 %	Diabetes mellitus	6.1 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.1%	Hospital	5.3 Days
State	7.6%	State	6.0 Days
Outside State	5.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 22.0 %	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges 30.2 %	Hospice Care No
Case Mix Index (CMI) 0.9135	Medical/Surgical Intensive Care No
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses	RehabilitationNo
LICENSEU FIACIICAI NUISES	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

### MERCY MEDICAL CENTER INC

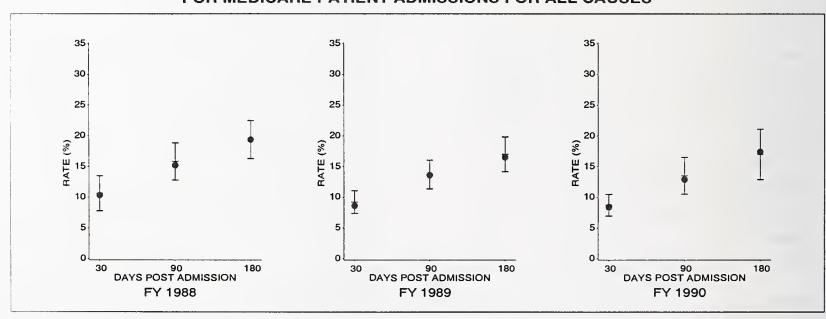
2700 STEWART PARKWAY ROSEBURG, OR 97470 Medicare Provider Number: 380027

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				M	ORTALIT	YRATE	S (%)				
	NUMBER OF CASES		30 DAY	s	9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1253	8.4	8.7	0.9	12.9	13.5	1.5	17.4	17.0	2.1	
CONDITIONS:											
Acute Myocardial Infarction	36	22.2	27.2		22.2	30.0		25.0	32.6		
Congestive Heart Failure	50	20.0	15.2		28.0	23.8		38.0	30.1		
Pneumonia/Influenza	74	17.6	16.1	4.4	21.6	22.0	5.1	32.4	26.1	8.2	
Chronic Obstructive Pulmonary Disease	11	18.2	7.1		27.3	14.1		27.3	19.3		
Transient Cerebral Ischemia	13	0.0	2.1		7.7	4.8		15.4	7.6		
Stroke	42	16.7	19.8		21.4	25.6		26.2	29.0		
Hip Fracture	23	8.7	6.5		8.7	11.7		8.7	15.4		
Sepsis	20	0.0	16.5		10.0	22.9		15.0	26.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	9	11.1	3.5		11.1	6.9		22.2	10.2		
Carotid Endarterectomy	5	0.0	1.6		0.0	2.7		0.0	3.7		
Hip Replacement/Reconstruction	29	0.0	3.0		0.0	5.9		0.0	8.3		
Open Reduction of Hip Fracture	5	20.0	5.2		20.0	9.4		20.0	12.6		
Prostatectomy	59	0.0	0.6		0.0	1.4		0.0	2.5		
Cholecystectomy	37	2.7	3.0		2.7	5.1		5.4	6.6		
Hysterectomy	21	0.0	8.0		0.0	1.7		9.5	2.6		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## **MERCY MEDICAL CENTER INC**

Medicare Provider Number: 380027

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	73.8 years	Cancer	10.5 %
Proportion female	55.5 %	Chronic cardiovascular disease	33.5 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	38.3 %	Chronic renal disease	3.4 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	18.5 %
Admitted for elective procedure	32.0 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	65.8 %	Diabetes mellitus	8.7 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

RIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	92.6%	Hospital	5.8 Days
State	5.3%	State	6.0 Days
Outside State	2.1%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds96	Burn Unit No
Occupancy Rate 59.0 %	Cardiac Intensive Care No
Ownership/ControlChurch	Comprehensive Geriatric No
Medicare Discharges 37.2 %	Hospice CareYes
Case Mix Index (CMI) 1.2556	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	RehabilitationNo
Licensed Fractical Nuises	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

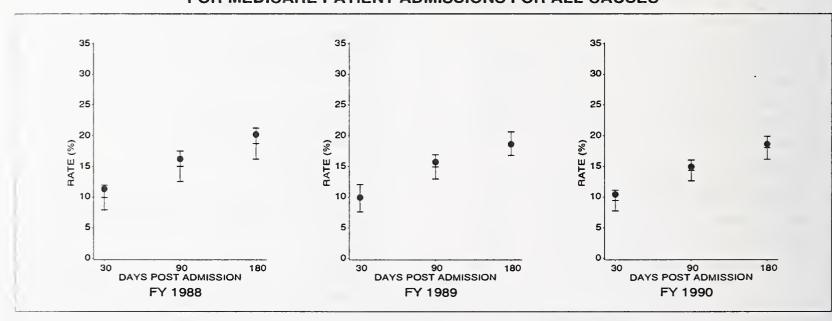
MERIDIAN PARK HOSPITAL 19300 SW 65TH AVENUE TUALATIN, OR 97062 Medicare Provider Number: 380089

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	;	30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1942	10.4	9.4	8.0	14.9	14.3	0.9	18.6	18.0	0.9	
CONDITIONS:											
Acute Myocardial Infarction	74	21.6	25.7	6.9	28.4	28.5	8.0	29.7	31.0	7.3	
Congestive Heart Failure	95	15.8	17.4	6.5	26.3	26.9	7.6	31.6	34.0	6.0	
Pneumonia/Influenza	79	2.5	13.9	5.5	8.9	19.2	6.2	13.9	22.9	6.0	
Chronic Obstructive Pulmonary Disease	16	12.5	6.9		12.5	12.9		18.8	17.9		
Transient Cerebral Ischemia	21	0.0	1.8		0.0	3.9		4.8	6.5		
Stroke	87	28.7	20.0	6.7	31.0	27.5	6.3	35.6	31.6	5.6	
Hip Fracture	70	2.9	5.3	4.6	8.6	9.7	6.6	8.6	12.8	6.1	
Sepsis	19	26.3	22.4		26.3	30.6		31.6	34.9		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	21	4.8	2.9		4.8	5.4		4.8	7.5		
Carotid Endarterectomy	21	0.0	0.9		0.0	1.8		4.8	2.9		
Hip Replacement/Reconstruction	63	1.6	2.6	2.1	3.2	5.0	3.0	3.2	6.9	3.8	
Open Reduction of Hip Fracture	38	2.6	4.4		10.5	8.4		10.5	11.1		
Prostatectomy	58	1.7	8.0	2.0	1.7	1.8	2.2	3.4	3.0	2.4	
Cholecystectomy	40	0.0	2.8		0.0	5.2		2.5	7.0		
Hysterectomy	22	0.0	0.8		0.0	1.9		0.0	3.0		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### MERIDIAN PARK HOSPITAL

Medicare Provider Number: 380089

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRA	PHICS:		COMORBIDITIES:	
Average a	age at admission	77.3 years	Cancer	8.8 %
Proportion	n female	59.5 %	Chronic cardiovascular disease	32.6 %
ADMISSIO	N SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred I	by personal or HMO physician	48.1 %	Chronic renal disease	1.8 %
Transferre	ed from skilled nursing facility	0.0 %	Chronic pulmonary disease	11.7 %
Admitted	for elective procedure	27.0 %	Cerebrovascular degeneration	5.8 %
Admitted	for emergency	48.7 %	Diabetes mellitus	6.5 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	27.9%	Hospital	5.2 Days
State	68.9%	State	6.0 Days
Outside State	3.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 55.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 55.7 %	Hospice Care No
Case Mix Index (CMI) 1.3010	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 162	Alcohol/Drug No
Licensed Practical Nurses	RehabilitationNo
Licensed Flactical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

## MERLE WEST MEDICAL CENTER

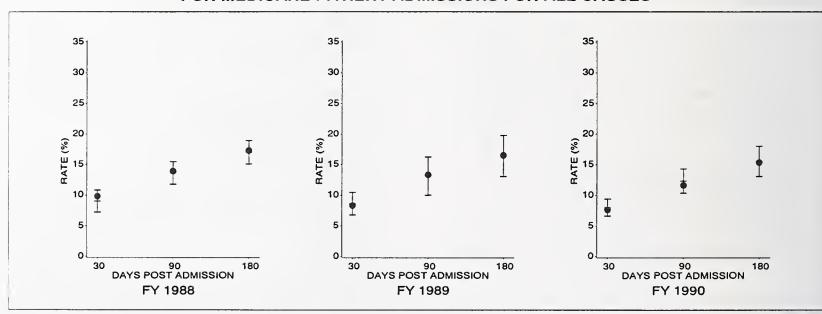
2865 DAGGETT KLAMATH FALLS, OR 97601 Medicare Provider Number: 380050

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
	NUMBER OF CASES	;	30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD	
ALL CAUSES	1674	7.6	8.0	0.7	11.6	12.3	1.0	15.3	15.5	1.:	
CONDITIONS:											
Acute Myocardial Infarction	50	24.0	21.9		26.0	24.4		26.0	26.8		
Congestive Heart Failure	50	10.0	14.2		14.0	22.4		32.0	28.8		
Pneumonia/Influenza	119	15.1	15.3	3.9	18.5	20.9	4.2	26.1	24.9	4.	
Chronic Obstructive Pulmonary Disease	10	30.0	7.7		40.0	12.6		50.0	17.7		
Transient Cerebral Ischemia	13	15.4	2.1		15.4	5.0	••••	15.4	8.4		
Stroke	61	19.7	17.3	5.3	26.2	24.4	5.7	31.1	28.3	6	
Hip Fracture	59	1.7	6.5	5.4	6.8	11.3	7.0	10.2	14.7	7	
Sepsis	24	8.3	24.0		12.5	29.4	••••	12.5	33.7		
PROCEDURES:											
Angioplasty	13	7.7	8.0	••••	7.7	8.9		7.7	9.9		
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	13	7.7	2.9		7.7	5.3		7.7	7.4		
Carotid Endarterectomy	6	33.3	1.4		33.3	2.5		33.3	3.4		
Hip Replacement/Reconstruction	52	0.0	2.5	3.0	3.8	4.8	3.7	3.8	6.7	4	
Open Reduction of Hip Fracture	26	0.0	7.2	••••	3.8	12.9		11.5	16.9		
Prostatectomy	71	0.0	1.1	1.7	0.0	2.5	3.0	2.8	4.1	4	
Cholecystectomy	65	3.1	2.9	2.1	3.1	5.3	3.2	4.6	6.9	4	
Hysterectomy	19	0.0	1.3		0.0	2.8		0.0	4.2		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# MERLE WEST MEDICAL CENTER Medicare Provider Number: 380050

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	5 years Cancer	7.8 %
Proportion female	3 % Chronic cardiovascular disease	32.3 %
ADMISSION SOURCES/TYPES:	Chronic liver disease	0.4 %
Referred by personal or HMO physician 42.1	1 % Chronic renal disease	. 2.0 %
Transferred from skilled nursing facility 0.3	3 % Chronic pulmonary disease	. 16.3 %
Admitted for elective procedure 0.7	7 % Cerebrovascular degeneration	3.2 %
Admitted for emergency 98.6	6 % Diabetes mellitus	6.0 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	82.1%	Hospital	6.0 Days
State	4.4%	State	6.0 Days
Outside State	13.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 68.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 39.6 %	Hospice Care No
Case Mix Index (CMI) 1.3307	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 67	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugYes
Licensed Practical Nurses	RehabilitationNo
Licensed Fractical Nuises	Psychiatric Yes
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

MID-COLUMBIA MEDICAL CENTER

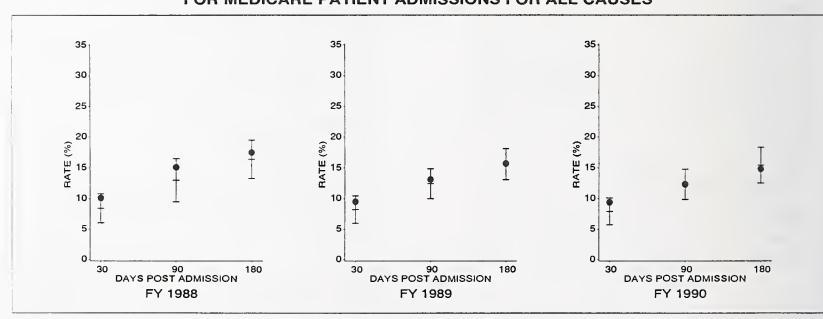
1700 EAST 19TH STREET
THE DALLES, OR 97058
Medicare Provider Number: 380001

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
			30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	892	9.4	7.9	1.1	12.3	12.3	1.2	14.8	15.4	1.5	
CONDITIONS:											
Acute Myocardial Infarction	21	23.8	27.3		28.6	29.9		33.3	32.5		
Congestive Heart Failure	40	17.5	14.2		20.0	23.3		30.0	29.7		
Pneumonia/Influenza	57	17.5	12.9	6.9	22.8	18.1	9.2	22.8	21.6	9.8	
Chronic Obstructive Pulmonary Disease	11	0.0	5.1		0.0	9.7		0.0	13.4		
Transient Cerebral Ischemia	7	0.0	3.5		0.0	8.0		0.0	12.0		
Stroke	37	16.2	14.7		24.3	21.3		35.1	25.0		
Hip Fracture	35	2.9	5.9		2.9	10.3		5.7	13.7		
Sepsis	10	40.0	26.6		50.0	33.3		50.0	38.3		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	6	16.7	2.8		16.7	6.1		16.7	9.1		
Carotid Endarterectomy	31	0.0	1.8		0.0	3.2		0.0	4.7		
Hip Replacement/Reconstruction	27	0.0	2.2		0.0	4.0		0.0	5.5		
Open Reduction of Hip Fracture	9	0.0	5.1		0.0	9.1		0.0	12.2		
Prostatectomy	57	1.8	0.8	1.4	1.8	1.8	2.1	3.5	3.1	3.2	
Cholecystectomy	27	7.4	1.9		14.8	3.4		14.8	4.7		
Hysterectomy	15	0.0	0.7		0.0	1.6		0.0	2.5		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# MID-COLUMBIA MEDICAL CENTER

Medicare Provider Number: 380001

# FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.6 years	Cancer	7.1 %
Proportion female	54.4 %	Chronic cardiovascular disease	42.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	98.9 %	Chronic renal disease	0.8 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	19.3 %
Admitted for elective procedure	21.3 %	Cerebrovascular degeneration	2.4 %
Admitted for emergency	77.6 %	Diabetes mellitus	10.0 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	63.2%	Hospital	5.2 Days
State	19.4%	State	6.0 Days
Outside State	17.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds49	Burn Unit No
Occupancy Rate 67.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 42.4 %	Hospice Care No
Case Mix Index (CMI) 1.3566	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians40	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/Drug No
Registered Nurses	RehabilitationNo
Licensed Practical Nurses 8	
	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

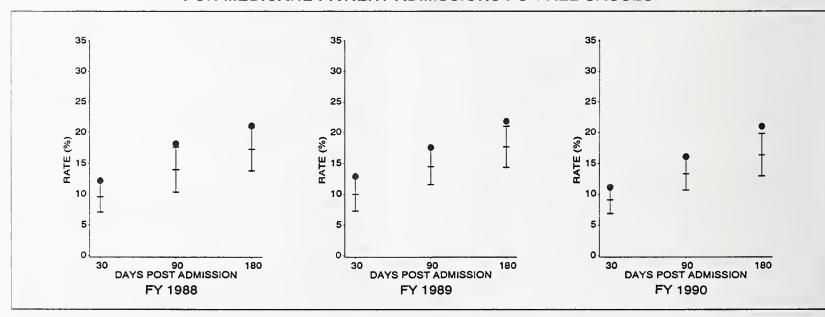
MOUNT HOOD MEDICAL CENTER 24800 SE STARK STREET GRESHAM, OR 97030 Medicare Provider Number: 380025

# **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

	MORTALITY RATES (%)										
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	822	11.1	9.1	1.1	16.1	13.3	1.3	21.0	16.4	1.7	
CONDITIONS:											
Acute Myocardial Infarction	33	36.4	26.7		39.4	29.1		42.4	31.6		
Congestive Heart Failure	50	16.0	15.3		26.0	23.8		36.0	29.9		
Pneumonia/Influenza	46	19.6	14.5		28.3	19.9		34.8	23.3		
Chronic Obstructive Pulmonary Disease	5	0.0	7.3		20.0	12.2		20.0	16.2		
Transient Cerebral Ischemia	9	11.1	2.7		11.1	6.1		22.2	9.5		
Stroke	29	13.8	23.2		24.1	30.6		37.9	35.1		
Hip Fracture	37	13.5	7.7		18.9	13.1		24.3	16.7		
Sepsis	16	31.3	24.6		50.0	31.5		50.0	36.1		
ROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	5	0.0	2.6		0.0	5.3		20.0	8.2		
Carotid Endarterectomy	4	0.0	0.6		0.0	1.2		0.0	1.8	•••	
Hip Replacement/Reconstruction	27	7.4	4.9		11.1	8.6		14.8	11.2		
Open Reduction of Hip Fracture	15	13.3	7.3		20.0	12.8		26.7	16.3		
Prostatectomy	35	2.9	0.9		2.9	2.1		2.9	3.6		
Cholecystectomy	21	14.3	3.2		14.3	5.2		14.3	6.2		
Hysterectomy	7	0.0	0.2		0.0	0.5		0.0	0.9		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# MOUNT HOOD MEDICAL CENTER

Medicare Provider Number: 380025

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.5 years	Cancer	4.9 %
Proportion female	56.1 %	Chronic cardiovascular disease	30.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	37.5 %	Chronic renal disease	3.5 %
Transferred from skilled nursing facility	0.2 %	Chronic pulmonary disease	11.7 %
Admitted for elective procedure	24.5 %	Cerebrovascular degeneration	5.7 %
Admitted for emergency	63.9 %	Diabetes mellitus	8.9 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	60.2%	Hospital	6.2 Days
State	34.0%	State	6.0 Days
Outside State	5.8%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	0
PROFILE:	SPECIALTY SERVICES:
Total Beds 108	Burn Unit No
Occupancy Rate 47.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 38.4 %	Hospice Care No
Case Mix Index (CMI) 1.2589	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 93	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0  Registered Nurses 90	Alcohol/DrugYes
	Rehabilitation No
Licensed Practical Nurses 6	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# MOUNTAIN VIEW HOSPITAL

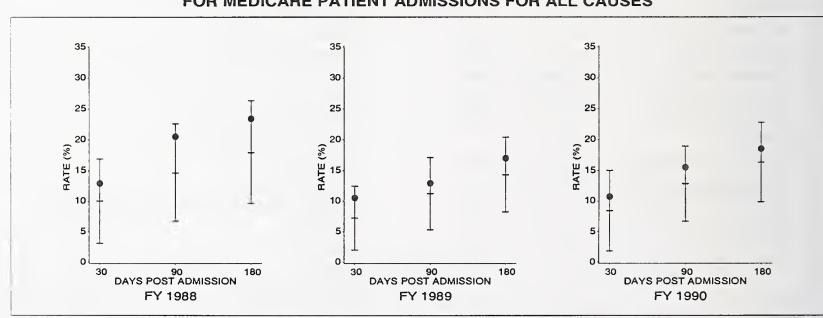
1270 "A" ST MADRAS, OR 97741 Medicare Provider Number: 380081

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
			30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	168	10.7	8.4	3.3	15.5	12.8	3.1	18.5	16.3	3.2	
CONDITIONS:											
Acute Myocardial Infarction	9	0.0	24.4		0.0	27.2		11.1	29.8		
Congestive Heart Failure	10	0.0	11.3		0.0	17.5		10.0	23.1		
Pneumonia/Influenza	10	0.0	7.8		10.0	11.0		10.0	13.6		
Chronic Obstructive Pulmonary Disease	1	100.0	10.5		100.0	24.9		100.0	37.6		
Transient Cerebral Ischemia	2	0.0	0.6	••••	0.0	1.5		0.0	2.6		
Stroke	5	40.0	15.1		40.0	22.0		60.0	26.5		
Hip Fracture	8	37.5	9.7		37.5	17.5		37.5	23.2		
Sepsis	1	0.0	5.1	••••	0.0	7.6		0.0	9.0		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	4	50.0	4.7		50.0	11.3		50.0	17.7		
Open Reduction of Hip Fracture	5	40.0	11.7		40.0	21.8		40.0	29.4		
Prostatectomy	0										
Cholecystectomy	5	0.0	4.2		0.0	8.8		0.0	12.6		
Hysterectomy	2	0.0	0.1		0.0	0.3		0.0	0.5		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# MOUNTAIN VIEW HOSPITAL Medicare Provider Number: 380081

# FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.7 years	Cancer	7.1 %
Proportion female	65.5 %	Chronic cardiovascular disease	32.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	75.6 %	Chronic renal disease	0.6 %
Transferred from skilled nursing facility	0.6 %	Chronic pulmonary disease	16.7 %
Admitted for elective procedure	7.1 %	Cerebrovascular degeneration	8.9 %
Admitted for emergency	29.2 %	Diabetes mellitus	7.1 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	85.3%	Hospital	4.1 Days
State	11.8%	State	6.0 Days
Outside State	2.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey		
PROFILE:		SPECIALTY SERVICES:
Total Beds	104	Burn Unit No
Occupancy Rate	66.0 %	Cardiac Intensive Care No
Ownership/Control	District/Authority	Comprehensive Geriatric No
Medicare Discharges	(Not Available)	Hospice Care No
Case Mix Index (CMI)	1.1387	Medical/Surgical Intensive Care Yes
STAFFING:		Organ/Tissue Transplant No
Total Number of Physicians	7	Other Intensive Care No
Percent of Physicians Board Certified Specialists	(Not Available)	Trauma Center Yes
Medical Residents/Interns		OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
		Alcohol/DrugNo
Registered Nurses		RehabilitationNo
Licensed Practical Nurses	, 5	Psychiatric No
Except for CMI		Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

# **NEWBERG COMMUNITY HOSPITAL**

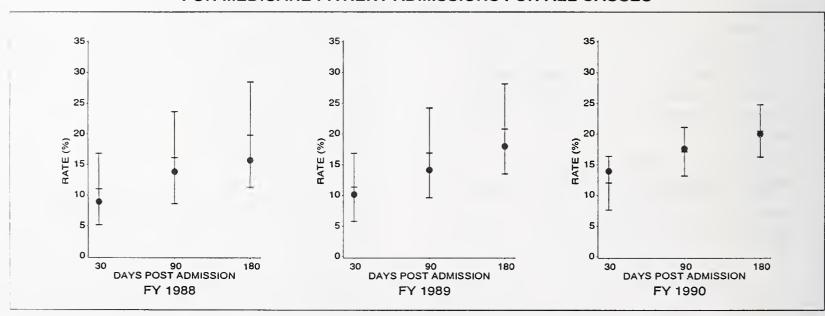
501 VILLA ROAD NEWBERG, OR 97132 Medicare Provider Number: 380037

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				S (%)							
	NUMBER OF CASES		30 DAY	S	9	0 DAYS	3	18	180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	375	13.9	12.0	2.2	17.6	17.1	2.0	20.0	20.5	2.1	
CONDITIONS:											
Acute Myocardial Infarction	20	35.0	29.3		35.0	32.1		40.0	35.1		
Congestive Heart Failure	23	17.4	14.1		30.4	22.1		30.4	28.1		
Pneumonia/Influenza	30	13.3	17.6		20.0	24.7		30.0	29.1		
Chronic Obstructive Pulmonary Disease	4	25.0	6.9		25.0	12.7		25.0	16.8		
Transient Cerebral Ischemla	1	0.0	0.3		0.0	0.7		0.0	1.2		
Stroke	17	29.4	21.3		35.3	30.0		35.3	34.6		
Hip Fracture	15	0.0	6.7		0.0	11.6		6.7	15.0		
Sepsis	10	30.0	21.3		30.0	27.7		30.0	31.2		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	3	0.0	2.1		0.0	4.0		0.0	5.5		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	14	0.0	3.0		0.0	5.6		0.0	7.7		
Open Reduction of Hip Fracture	4	0.0	9.5		0.0	16.1		25.0	19.9		
Prostatectomy	10	0.0	1.0		0.0	2.1		0.0	3.6		
Cholecystectomy	3	0.0	1.0		0.0	2.5		0.0	4.3		
Hysterectomy	2	0.0	0.4		0.0	0.9	••••	0.0	1.6		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# NEWBERG COMMUNITY HOSPITAL Medicare Provider Number: 380037

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.6 years	Cancer	6.1 %
Proportion female	58.0 %	Chronic cardiovascular disease	44.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	40.7 %	Chronic renal disease	1.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	13.3 %
Admitted for elective procedure	9.3 %	Cerebrovascular degeneration	6.9 %
Admitted for emergency	62.0 %	Diabetes mellitus	6.1 %

## **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N٠	MEDICARE AVERAGE LENGTH OF STAY:	
Official of Medicality Affect Admicolog	•		
County/City	77.9%	Hospital	4.9 Days
State	17.9%	State	6.0 Days
Outside State	4.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	0
PROFILE:	SPECIALTY SERVICES:
Total Beds44	Burn Unit No
Occupancy Rate 31.0 %	Cardiac Intensive Care No
Ownership/Control Local Government	Comprehensive Geriatric No
Medicare Discharges 46.9 %	Hospice Care No
Case Mix Index (CMI) 1.3354	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	Rehabilitation No
LICENSEU Fractical Nuises	Psychlatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# NORTH LINCOLN HOSPITAL

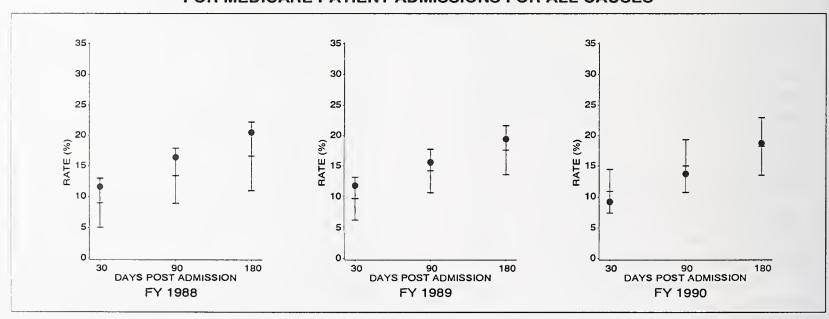
3043 NE 28TH STREET, BOX 767 LINCOLN CITY, OR 97467 Medicare Provider Number: 380083

# **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	402	9.2	10.9	1.8	13.7	15.0	2.1	18.7	18.2	2.4	
CONDITIONS:											
Acute Myocardial Infarction	33	21.2	24.6		27.3	27.2		30.3	30.1		
Congestive Heart Failure	23	17.4	17.2		21.7	25.4		34.8	31.6		
Pneumonia/Influenza	23	13.0	12.3		17.4	16.5		30.4	19.6		
Chronic Obstructive Pulmonary Disease	7	0.0	12.2		0.0	19.8		14.3	25.3		
Transient Cerebral Ischemia	2	0.0	4.2		0.0	8.5		0.0	13.0		
Stroke	13	7.7	18.1		7.7	23.9		15.4	27.7		
Hip Fracture	15	0.0	6.6	*****	6.7	11.4	*****	6.7	14.8		
Sepsis	1	0.0	18.7		0.0	21.9		0.0	26.2		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	3	0.0	5.7		0.0	7.7		0.0	9.3		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	11	0.0	1.7		0.0	2.9		0.0	4.3		
Open Reduction of Hip Fracture	9	0.0	6.3	****	0.0	11.1		0.0	14.5		
Prostatectomy	10	0.0	0.7		0.0	1.4		0.0	2.2		
Cholecystectomy	5	0.0	0.7		0.0	1.2		0.0	1.6		
Hysterectomy	5	0.0	0.8		0.0	2.0		0.0	3.3		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# NORTH LINCOLN HOSPITAL

Medicare Provider Number: 380083

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.8 years	Cancer	4.7 %
Proportion female	54.2 %	Chronic cardiovascular disease	51.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	2.7 %
Referred by personal or HMO physician	29.1 %	Chronic renal disease	1.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	28.6 %
Admitted for elective procedure	10.9 %	Cerebrovascular degeneration	4.7 %
Admitted for emergency	51.7 %	Diabetes mellitus	8.2 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	71.9%	Hospital	3.7 Days
State	21.0%	State	6.0 Days
Outside State	7.1%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 53.0 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges 50.9 %	Hospice Care Yes
Case Mix Index (CMI) 1.1349	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/DrugNo
Registered Nurses	RehabilitationNo
Licensed Practical Nurses 7	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

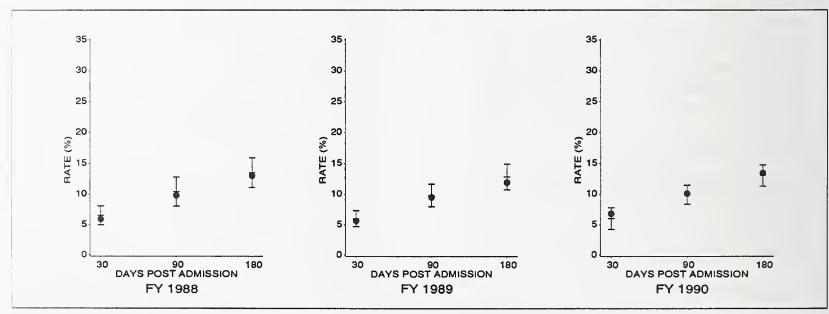
OREGON HEALTH SCIENCES UNIV HOSPITAL
3181 SW SAM JACKSON PARK RD,MS MQ 360
PORTLAND, OR 97201
Medicare Provider Number: 380009

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

	MORTALITY RATES (%)									
		30 DAYS		9	0 DAYS	3	18	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	1842	6.8	6.0	0.9	10.1	9.9	0.8	13.4	13.0	0.9
CONDITIONS:										
Acute Myocardial Infarction	27	22.2	22.2		29.6	25.8		37.0	28.7	
Congestive Heart Failure	38	15.8	11.6		28.9	19.0		31.6	25.0	
Pneumonia/Influenza	32	25.0	14.1		25.0	19.4		25.0	23.0	
Chronic Obstructive Pulmonary Disease	9	22.2	13.8		33.3	23.3		33.3	29.8	
Transient Cerebral Ischemia	4	0.0	1.1		0.0	2.3	••••	0.0	3.4	
Stroke	22	22.7	22.1		31.8	28.4		36.4	32.0	
Hip Fracture	14	14.3	5.9		21.4	10.9		21.4	14.6	
Sepsis	7	42.9	26.8		57.1	38.1		57.1	45.0	
PROCEDURES:										
Angioplasty	7	14.3	2.4		14.3	3.2	•	14.3	4.2	
Coronary Artery Bypass Graft	21	4.8	4.9		4.8	6.9		4.8	7.8	
Initial Pacemaker Insertion	13	0.0	2.1		0.0	4.3		0.0	6.5	
Carotid Endarterectomy	16	0.0	1.7		0.0	3.2		0.0	4.7	
Hip Replacement/Reconstruction	19	0.0	2.7		0.0	5.2		0.0	7.2	
Open Reduction of Hip Fracture	6	16.7	6.5		33.3	12.5		33.3	16.6	
Prostatectomy	23	0.0	0.6		4.3	1.5		4.3	2.7	
Cholecystectomy	11	27.3	3.1		27.3	6.5		27.3	9.6	
Hysterectomy	10	0.0	1.1		0.0	2.5		0.0	3.9	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# OREGON HEALTH SCIENCES UNIV HOSPITAL

Medicare Provider Number: 380009

# FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	63.5 years	Cancer	10.3 %
Proportion female	45.8 %	Chronic cardiovascular disease	25.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.2 %
Referred by personal or HMO physician	35.5 %	Chronic renal disease	8.5 %
Transferred from skilled nursing facility	0.2 %	Chronic pulmonary disease	10.5 %
Admitted for elective procedure	42.7 %	Cerebrovascular degeneration	3.7 %
Admitted for emergency	55.6 %	Diabetes mellitus	8.6 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	32.5%	Hospital	7.9 Days
State	54.2%	State	6.0 Days
Outside State	13.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 79.0 %	Cardiac Intensive Care Yes
Ownership/Control State Government	Comprehensive Geriatric No
Medicare Discharges 19.2 %	Hospice Care No
Case Mix Index (CMI) 1.5922	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant Yes
Total Number of Physicians 427	Other Intensive Care No
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses 770	Alcohol/Drug No
Licensed Practical Nurses	RehabilitationNo
Licensed Fractical Nurses	Psychiatric
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# PACIFIC COMMUNITIES HOSPITAL

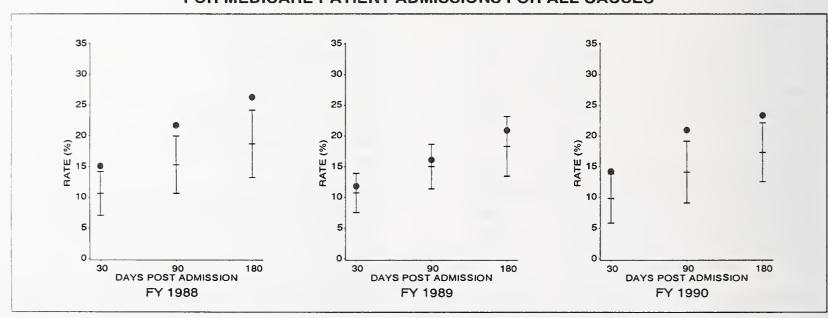
930 S.W. ABBEY STREET NEWPORT, OR 97365 Medicare Provider Number: 380003

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

			MORTALITY RATES (%)									
	NUMBER OF CASES	:	30 DAYS			90 DAYS			180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	459	14.2	9.8	2.0	20.9	14.1	2.5	23.3	17.3	2.4		
CONDITIONS:												
Acute Myocardial Infarction	28	42.9	26.1		42.9	28.6		42.9	31.2			
Congestive Heart Failure	29	20.7	11.8		34.5	18.3		34.5	24.0			
Pneumonia/Influenza	29	17.2	18.3		34.5	24.7		34.5	28.5			
Chronic Obstructive Pulmonary Disease	7	28.6	8.8		57.1	14.5		57.1	19.6			
Transient Cerebral Ischemia	3	33.3	3.2		33.3	7.8		33.3	12.4			
Stroke	31	32.3	23.6		48.4	30.0		51.6	34.0			
Hip Fracture	20	5.0	5.7		5.0	10.2		5.0	13.1			
Sepsis	3	0.0	29.5		0.0	37.7		0.0	41.3			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	4	0.0	4.8		0.0	7.7		0.0	9.3			
Carotid Endarterectomy	0											
Hip Replacement/Reconstruction	4	0.0	1.2		0.0	2.4		0.0	3.4			
Open Reduction of Hip Fracture	16	0.0	4.7		0.0	8.8		0.0	11.7			
Prostatectomy	44	0.0	0.6		0.0	1.5		2.3	2.6			
Cholecystectomy	8	0.0	0.8		0.0	1.4		12.5	1.9			
Hysterectomy	10	10.0	0.8		10.0	1.7		10.0	2.6			

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PACIFIC COMMUNITIES HOSPITAL Medicare Provider Number: 380003

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	75.2 years	Cancer	7.4 %
Proportion female		Chronic cardiovascular disease	37.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	39.2 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility	0.4 %	Chronic pulmonary disease	15.7 %
Admitted for elective procedure	22.7 %	Cerebrovascular degeneration	5.7 %
Admitted for emergency	50.5 %	Diabetes mellitus	6.3 %

# **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	۷:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.8%	Hospital	4.6 Days
State	8.9%	State	6.0 Days
Outside State	3.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 35.0 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges 42.5 %	Hospice Care No
Case Mix Index (CMI) 1.1706	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationNo
Licensed Practical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# PEACE HARBOR HOSPITAL

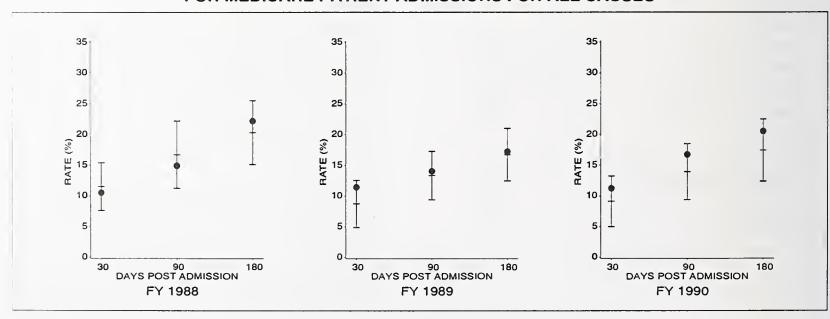
400 9TH STREET, BOX 580 FLORENCE, OR 97439 Medicare Provider Number: 380013

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

			MORTALITY RATES (%)								
		:	30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	312	11.2	9.1	2.1	16.7	13.9	2.3	20.5	17.4	2.5	
CONDITIONS:											
Acute Myocardial Infarction	8	25.0	24.0		25.0	26.4		25.0	29.5		
Congestive Heart Failure	25	20.0	15.0		36.0	23.2		40.0	29.3		
Pneumonia/Influenza	27	14.8	13.5		25.9	18.9		25.9	22.4		
Chronic Obstructive Pulmonary Disease	8	0.0	6.2		12.5	10.3		12.5	13.9		
Transient Cerebral Ischemia	5	0.0	2.1		0.0	4.7		0.0	8.0		
Stroke	13	15.4	16.1		15.4	22.0		30.8	25.5		
Hip Fracture	8	0.0	5.4		12.5	9.7		25.0	12.7		
Sepsis	1	100.0	13.7		100.0	22.5		100.0	26.9		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	9	0.0	1.9		11.1	3.9		11.1	5.6		
Open Reduction of Hip Fracture	1	0.0	2.5		0.0	5.0		0.0	8.0		
Prostatectomy	0										
Cholecystectomy	8	0.0	3.3		0.0	5.9		0.0	7.4		
Hysterectomy	4	0.0	0.3		0.0	0.7		0.0	1.2		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PEACE HARBOR HOSPITAL

Medicare Provider Number: 380013

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.9 years	Cancer	7.1 %
Proportion female	53.5 %	Chronic cardiovascular disease	31.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.3 %
Referred by personal or HMO physician	44.6 %	Chronic renal disease	1.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	25.3 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	55.8 %	Diabetes mellitus	7.1 %

# ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

ORIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	88.3%	Hospital	5.1 Days
State	7.2%	State	6.0 Days
Outside State	4.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 21	Burn Unit No
Occupancy Rate 42.0 %	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges 53.0 %	Hospice Care No
Case Mix Index (CMI) 1.1703	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/Drug No
Registered Nurses	Rehabilitation No
Licensed Practical Nurses	Psychlatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

PIONEER MEMORIAL HOSPITAL

1201 N ELM STREET

PRINEVILLE, OR 97754

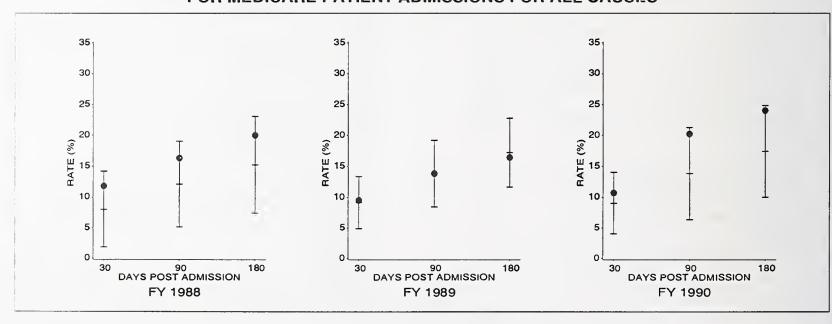
Medicare Provider Number: 380019

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

	MORTALITY RATES (%)									
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	242	10.7	9.0	2.5	20.2	13.8	3.7	24.0	17.4	3.7
CONDITIONS:										
Acute Myocardial Infarction	5	0.0	23.3		20.0	25.5		20.0	27.2	****
Congestive Heart Failure	9	11.1	13.8		33.3	21.2		55.6	26.9	****
Pneumonia/Influenza	21	14.3	12.0		23.8	17.2		23.8	20.5	
Chronic Obstructive Pulmonary Disease	4	0.0	4.6		0.0	8.2		25.0	11.2	*
Transient Cerebral Ischemia	1	0.0	3.5		0.0	8.3		0.0	14.1	
Stroke	8	50.0	21.4		50.0	26.9		50.0	30.5	
Hip Fracture	6	0.0	5.3		16.7	10.4		16.7	14.8	
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	1	0.0	1.2		0.0	2.4		0.0	4.0	****
Hip Replacement/Reconstruction	3	0.0	3.8		0.0	8.4		0.0	13.1	
Open Reduction of Hip Fracture	2	0.0	5.5		0.0	9.9		0.0	13.1	
Prostatectomy	5	0.0	0.7		0.0	1.6		20.0	2.8	
Cholecystectomy	4	0.0	3.8		0.0	8.1		25.0	12.3	
Hysterectomy	3	0.0	0.5		0.0	1.1		0.0	1.7	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PIONEER MEMORIAL HOSPITAL Medicare Provider Number: 380019

# FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission 74.8 years	Cancer 5.8 %
Proportion female 55.0 %	Chronic cardiovascular disease 36.8 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 0.0 %
Referred by personal or HMO physician 29.3 %	Chronic renal disease 0.4 %
Transferred from skilled nursing facility 0.0 %	Chronic pulmonary disease 21.5 %
Admitted for elective procedure 8.3 %	Cerebrovascular degeneration 7.0 %
Admitted for emergency 42.1 %	Diabetes mellitus 8.3 %

# **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.8%	Hospital	4.6 Days
State	10.0%	State	6.0 Days
Outside State	2.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 36.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 51.0 %	Hospice CareYes
Case Mix Index (CMI) 1.1687	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians9	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses 5	RehabilitationNo
2.00.1000 1.100.0	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

PIONEER MEMORIAL HOSPITAL
564 E PIONEER DRIVE
HEPPNER, OR 97836
Medicare Provider Number: 380062

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				МС	ORTALIT	YRATE	S (%)	<del></del>		
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	67	3.0	7.7	4.1	6.0	12.6	5.1	9.0	16.3	5.7
CONDITIONS:										
Acute Myocardial Infarction	2	0.0	10.6		0.0	12.4		0.0	14.1	
Congestive Heart Failure	4	25.0	23.5		25.0	36.0		50.0	42.4	
Pneumonia/Influenza	8	0.0	8.0		0.0	10.9		0.0	13.4	
Chronic Obstructive Pulmonary Disease	2	0.0	10.9		0.0	21.5		0.0	30.3	
Transient Cerebral Ischemia	0									
Stroke	3	33.3	19.2		33.3	26.2		33.3	31.3	
Hip Fracture	0									
Sepsis	0									
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	0									
Cholecystectomy	0									
Hysterectomy	0									

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

# PIONEER MEMORIAL HOSPITAL

Medicare Provider Number: 380062

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	COMORBIDITIES:
Average age at admission 77.9 years	Cancer 6.0 %
Proportion female 76.1 %	Chronic cardiovascular disease 29.9 %
ADMISSION SOURCES/TYPES:	Chronic liver disease
Referred by personal or HMO physician 4.5 %	Chronic renal disease 0.0 %
Transferred from skilled nursing facility 1.5 %	Chronic pulmonary disease 28.4 %
Admitted for elective procedure 3.0 %	Cerebrovascular degeneration 9.0 %
Admitted for emergency 10.4 %	Diabetes mellitus 6.0 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	۷:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	75.7%	Hospital	4.8 Days
State	23.4%	State	6.0 Days
Outside State	0.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 72.0 %	Cardiac Intensive Care No
Ownership/Control Local Government	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 0.8853	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 7	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
•	Alcohol/Drug No
Registered Nurses 9 Licensed Practical Nurses 6	RehabilitationNo
Licensed Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# PORTLAND ADVENTIST MEDICAL CENTER

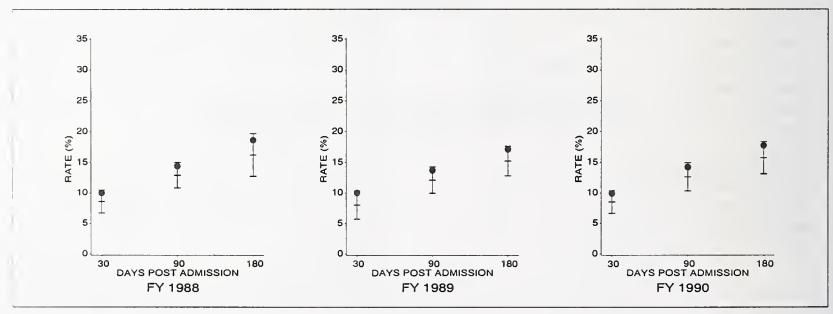
10123 SE MARKET PORTLAND, OR 97216 Medicare Provider Number: 380060

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	>	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1379	9.9	8.5	0.9	14.2	12.6	1.2	17.7	15.7	1.3	
CONDITIONS:											
Acute Myocardial Infarction	46	37.0	29.6		41.3	32.6		45.7	35.4		
Congestive Heart Failure	53	18.9	15.4	6.9	24.5	24.0	6.2	30.2	30.1	6.9	
Pneumonia/Influenza	47	14.9	14.1		21.3	19.6		25.5	23.2		
Chronic Obstructive Pulmonary Disease	17	11.8	7.9		29.4	13.8		35.3	18.1		
Transient Cerebral Ischemia	16	12.5	1.9		12.5	4.2		12.5	6.7		
Stroke	53	26.4	19.9	8.9	26.4	25.2	9.1	34.0	28.8	9.7	
Hip Fracture	50	4.0	6.5		12.0	11.4		14.0	14.9		
Sepsis	16	18.8	24.4		25.0	29.5		31.3	33.5		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	7	0.0	1.5		14.3	3.1		14.3	4.6		
Carotid Endarterectomy	17	5.9	1.2		5.9	2.3	••••	5.9	3.5		
Hip Replacement/Reconstruction	44	2.3	2.9		9.1	5.2		9.1	6.8		
Open Reduction of Hip Fracture	22	9.1	7.2		13.6	13.1		18.2	17.2		
Prostatectomy	51	0.0	0.5	1.1	0.0	1.1	2.1	2.0	2.0	2.2	
Cholecystectomy	54	0.0	2.0	3.3	1.9	4.0	4.7	5.6	5.7	4.6	
Hysterectomy	17	0.0	1.4		0.0	3.0		5.9	4.4		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PORTLAND ADVENTIST MEDICAL CENTER

Medicare Provider Number: 380060

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.2 years	Cancer	6.2 %
Proportion female	60.1 %	Chronic cardiovascular disease	23.9 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	50.8 %	Chronic renal disease	1.5 %
Transferred from skilled nursing facility	0.4 %	Chronic pulmonary disease	8.6 %
Admitted for elective procedure	23.9 %	Cerebrovascular degeneration	4.3 %
Admitted for emergency	41.5 %	Diabetes mellitus	5.1 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	71.5%	Hospital	5.7 Days
State	20.0%	State	6.0 Days
Outside State	8.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 270	Burn Unit No
Occupancy Rate 42.0 %	Cardiac Intensive Care No
Ownership/ControlChurch	Comprehensive GeriatricYes
Medicare Discharges 23.3 %	Hospice CareYes
Case Mix Index (CMI) 1.3242	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 207	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses	RehabilitationYes
Licensed Fractical Nuises	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# PROVIDENCE HOSPITAL

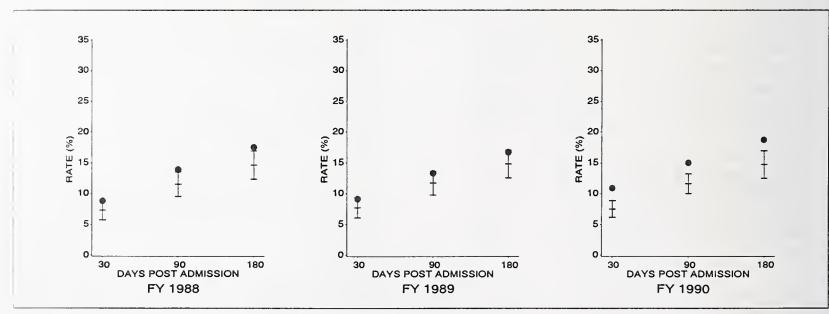
1111 CRATER LAKE AVENUE MEDFORD, OR 97504 Medicare Provider Number: 380075

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				M	ORTALIT	Y RATE	S (%)				
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	>	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	овѕ	PRED	SD°	OBS	PRED	SD*	
ALL CAUSES	2023	10.9	7.5	0.7	15.0	11.6	0.8	18.7	14.7	1.1	
CONDITIONS:											
Acute Myocardial Infarction	62	21.0	24.7	6.8	22.6	27.9	8.1	25.8	30.6	9.5	
Congestive Heart Failure	98	13.3	13.6	3.6	20.4	21.3	6.6	26.5	27.2	7.9	
Pneumonia/Influenza	84	16.7	13.0	5.2	19.0	18.3	4.3	25.0	21.9	5.7	
Chronic Obstructive Pulmonary Disease	18	5.6	7.0	••••	16.7	12.6		27.8	16.9		
Transient Cerebral Ischemia	20	5.0	1.1		5.0	2.7		15.0	4.6		
Stroke	84	32.1	16.6	6.2	36.9	23.2	6.2	38.1	27.0	6.2	
Hip Fracture	69	7.2	5.2	3.6	10.1	9.4	3.7	13.0	12.4	4.3	
Sepsis	20	15.0	17.4		20.0	24.4		20.0	28.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	15	0.0	2.6		0.0	5.2		0.0	7.8		
Carotid Endarterectomy	16	6.3	1.5		12.5	2.8		12.5	4.2		
Hip Replacement/Reconstruction	76	2.6	2.8	2.0	5.3	5.4	2.6	9.2	7.3	3.1	
Open Reduction of Hip Fracture	42	7.1	4.0		9.5	7.7		9.5	10.7		
Prostatectomy	139	0.0	0.6	0.9	0.7	1.5	1.2	1.4	2.7	1.8	
Cholecystectomy	63	1.6	1.5	1.6	1.6	2.7	2.6	6.3	3.8	2.7	
Hysterectomy	17	0.0	0.1		0.0	0.2		0.0	0.4		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PROVIDENCE HOSPITAL Medicare Provider Number: 380075

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission 74.8 years	Cancer 8.0 %
Proportion female 52.4 %	Chronic cardiovascular disease 26.1 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 0.6 %
Referred by personal or HMO physician 55.6 %	Chronic renal disease 2.1 %
Transferred from skilled nursing facility 0.0 %	Chronic pulmonary disease 17.0 %
Admitted for elective procedure 34.2 %	Cerebrovascular degeneration 3.5 %
Admitted for emergency 1.9 %	Diabetes mellitus 6.0 %

# **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	81.6%	Hospital	6.1 Days
State	12.1%	State	6.0 Days
Outside State	6.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 168	Burn Unit No
Occupancy Rate 54.0 %	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges 53.5 %	Hospice CareYes
Case Mix Index (CMI) 1.3649	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses 28	RehabilitationYes
Licensed Fractical Nuises	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# PROVIDENCE MEDICAL CENTER

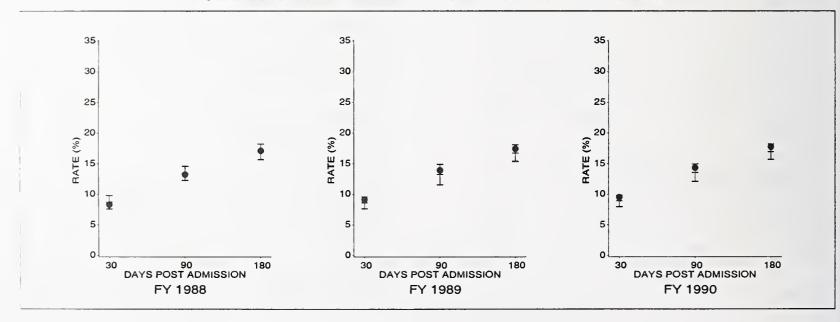
4805 NE GLISAN PORTLAND, OR 97213 Medicare Provider Number: 380061

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	;	30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	4561	9.5	8.9	0.5	14.3	13.5	0.7	17.7	16.9	0.6	
CONDITIONS:											
Acute Myocardial Infarction	168	20.8	26.6	5.4	22.6	29.4	5.8	24.4	32.2	6.0	
Congestive Heart Failure	172	16.3	14.1	3.4	25.6	22.2	4.5	29.1	28.3	3.8	
Pneumonia/Influenza	172	15.1	14.9	2.9	21.5	20.7	4.7	23.3	24.5	4.1	
Chronic Obstructive Pulmonary Disease	43	4.7	7.5		11.6	13.1		18.6	17.5		
Transient Cerebral Ischemia	27	0.0	2.0		0.0	4.3		0.0	6.7	****	
Stroke	173	22.0	21.9	3.2	31.2	28.2	4.3	35.3	32.1	4.5	
Hip Fracture	125	5.6	6.6	2.3	8.8	11.5	3.5	15.2	14.9	3.2	
Sepsis	75	26.7	27.0	5.1	38.7	35.2	6.4	45.3	40.1	7.9	
PROCEDURES:											
Angioplasty	102	4.9	4.9	2.2	5.9	5.7	2.8	5.9	6.5	3.3	
Coronary Artery Bypass Graft	106	12.3	4.3	3.4	13.2	6.3	3.6	13.2	7.5	3.4	
Initial Pacemaker Insertion	25	0.0	2.1		8.0	4.5		16.0	7.1		
Carotid Endarterectomy	49	0.0	1.1		0.0	2.1		2.0	3.2		
Hip Replacement/Reconstruction	141	2.8	2.4	1.5	5.7	4.3	2.2	9.2	5.7	2.9	
Open Reduction of Hip Fracture	54	5.6	6.4	3.6	9.3	11.5	6.1	13.0	15.1	6.9	
Prostatectomy	288	0.7	0.9	0.7	1.4	2.2	1.2	2.8	3.9	1.5	
Cholecystectomy	83	3.6	3.2	3.1	8.4	6.1	3.4	9.6	8.3	3.3	
Hysterectomy	45	2.2	0.5		2.2	1.2		2.2	2.1		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PROVIDENCE MEDICAL CENTER Medicare Provider Number: 380061

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.5 years	Cancer	10.9 %
Proportion female	54.3 %	Chronic cardiovascular disease	39.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	58.3 %	Chronic renal disease	3.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.1 %
Admitted for elective procedure	54.9 %	Cerebrovascular degeneration	4.3 %
Admitted for emergency	42.4 %	Diabetes mellitus	5.9 %

### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	72.0%	Hospital	6.5 Days
State	21.9%	State	6.0 Days
Outside State	6.1%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 63.0 %	Cardiac Intensive Care Yes
Ownership/ControlChurch	Comprehensive Geriatric Yes
Medicare Discharges(Not Available)	Hospice Care Yes
Case Mix Index (CMI) 1.5228	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 417	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugYes
Licensed Practical Nurses	RehabilitationYes
Liounda i idalida i	Psychiatric
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

# PROVIDENCE MILWAUKIE HOSPITAL

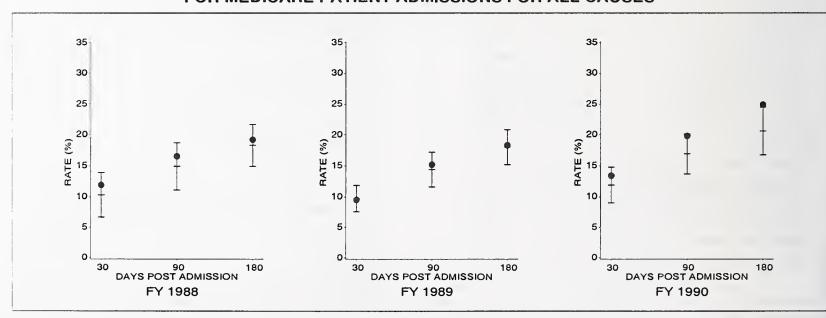
10150 SOUTHEAST 32ND STREET MILWAUKIE, OR 97222 Medicare Provider Number: 380082

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

	MORTALITY RATES (%)									
		;	30 DAY	S	9	0 DAYS	6	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	756	13.4	11.9	1.4	19.8	16.9	1.6	24.9	20.6	1.9
CONDITIONS:										
Acute Myocardial Infarction	33	27.3	30.8		30.3	33.5		33.3	36.3	
Congestive Heart Failure	57	14.0	14.9	5.3	26.3	23.0	6.0	35.1	29.1	7.0
Pneumonia/Influenza	46	19.6	14.9		28.3	20.8		30.4	24.9	
Chronic Obstructive Pulmonary Disease	17	17.6	6.5		17.6	11.3		23.5	15.1	
Transient Cerebral Ischemia	6	16.7	2.6		33.3	4.9		33.3	7.2	
Stroke	33	24.2	23.5		36.4	29.8		39.4	33.3	
Hip Fracture	49	8.2	6.4		14.3	11.5		22.4	15.1	
Sepsis	21	33.3	26.4		42.9	36.2		47.6	41.5	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	4.4		0.0	8.4	••••	0.0	11.8	
Carotid Endarterectomy	1	0.0	0.5		0.0	1.0		0.0	1.7	
Hip Replacement/Reconstruction	29	0.0	3.5		10.3	6.8		20.7	9.2	
Open Reduction of Hip Fracture	28	14.3	6.1		14.3	11.1		17.9	14.8	
Prostatectomy	22	0.0	0.5		0.0	1.3		4.5	2.3	
Cholecystectomy	24	4.2	2.5		4.2	4.6		8.3	6.1	
Hysterectomy	8	0.0	0.2	•••	0.0	0.5		0.0	0.9	•

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PROVIDENCE MILWAUKIE HOSPITAL

Medicare Provider Number: 380082

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.5 years	Cancer	7.3 %
Proportion female	60.2 %	Chronic cardiovascular disease	34.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	43.7 %	Chronic renal disease	1.7 %
Transferred from skilled nursing facility	0.5 %	Chronic pulmonary disease	14.4 %
Admitted for elective procedure	25.0 %	Cerebrovascular degeneration	4.8 %
Admitted for emergency	49.2 %	Diabetes mellitus	6.9 %

### ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	59.9%	Hospital	5.8 Days
State	38.4%	State	6.0 Days
Outside State	1.7%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 55	Burn Unit No
Occupancy Rate 58.0 %	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.3048	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/Drug No
	RehabilitationNo
Licensed Practical Nurses 7	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# PROVIDENCE SEASIDE HOSPITAL

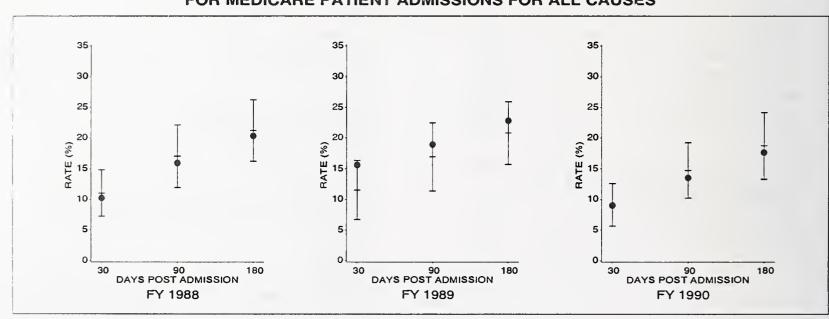
725 S WAHANNA RD, BOX 740 SEASIDE, OR 97138 Medicare Provider Number: 380042

### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)								
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	}
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	312	9.0	9.1	1.7	13.5	14.7	2.3	17.6	18.7	2.7
CONDITIONS:										
Acute Myocardial Infarction	16	6.3	14.1		18.8	17.5		18.8	20.5	
Congestive Heart Failure	12	0.0	14.6		16.7	23.3		16.7	30.0	
Pneumonia/Influenza	18	16.7	9.1		22.2	14.2		27.8	17.6	
Chronic Obstructive Pulmonary Disease	14	7.1	7.1		7.1	12.9		7.1	17.8	
Transient Cerebral Ischemia	3	0.0	0.9		0.0	2.2		0.0	3.6	
Stroke	14	14.3	17.6		14.3	23.0		14.3	26.9	
Hip Fracture	0									
Sepsis	4	0.0	14.3		0.0	17.8		0.0	20.3	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	2	0.0	2.4		0.0	5.9		0.0	9.8	
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	0									
Prostatectomy	4	0.0	2.0		0.0	5.1		0.0	9.1	
Cholecystectomy	4	0.0	1.5		0.0	2.3		0.0	2.8	
Hysterectomy	1	0.0	0.2		0.0	0.5		0.0	0.9	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# PROVIDENCE SEASIDE HOSPITAL

Medicare Provider Number: 380042

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.1 years	Cancer	10.3 %
Proportion female	53.5 %	Chronic cardiovascular disease	41.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.6 %
Referred by personal or HMO physician	96.2 %	Chronic renal disease	1.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	20.5 %
Admitted for elective procedure	4.5 %	Cerebrovascular degeneration	3.8 %
Admitted for emergency	1.9 %	Diabetes mellitus	7.4 %

# **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

IVI	EDICARE AVERAGE LENGTH OF STAY:	
30.5%	Hospital	4.0 Days
4.7%	State	6.0 Days
4.8%	National	8.6 Days
00.0%		
	4.7% 4.8%	4.7% State

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges 49.9 %	Hospice CareYes
Case Mix Index (CMI) 1.1460	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians9	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns	Alcohol/DrugNo
Registered Nurses 28	Rehabilitation No
Licensed Practical Nurses 4	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

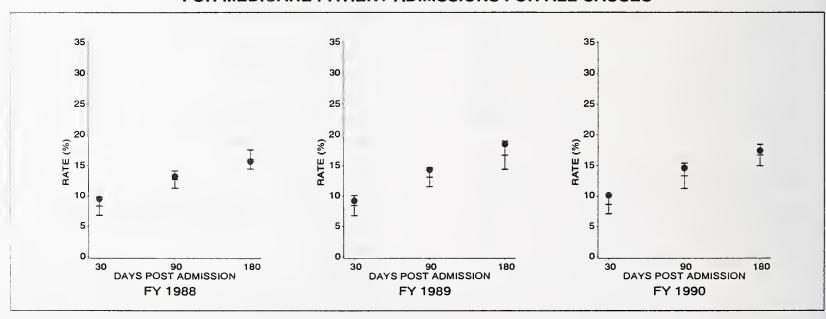
ROGUE VALLEY MEDICAL CENTER
2825 BARNETT ROAD
MEDFORD, OR 97504
Medicare Provider Number: 380018

### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				MORTALITY RATES (%)							
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2061	10.1	8.6	8.0	14.6	13.3	1.0	17.4	16.7	0.9	
CONDITIONS:											
Acute Myocardial Infarction	81	17.3	22.4	7.0	21.0	25.6	7.7	21.0	28.2	8.6	
Congestive Heart Failure	80	25.0	14.2	4.2	45.0	22.8	7.7	57.5	28.8	6.9	
Pneumonia/Influenza	57	14.0	15.7	5.1	19.3	21.8	7.1	19.3	25.7	9.3	
Chronic Obstructive Pulmonary Disease	9	11.1	7.6		11.1	13.6		11.1	18.0		
Transient Cerebral Ischemia	10	0.0	1.4		0.0	2.9		10.0	4.6		
Stroke	75	28.0	19.3	6.9	32.0	26.3	6.3	33.3	30.1	6.0	
Hip Fracture	46	8.7	5.4		15.2	9.8		15.2	12.7		
Sepsis	14	14.3	18.4	••••	14.3	25.5		21.4	29.7		
PROCEDURES:											
Angioplasty	62	3.2	2.3	2.1	3.2	3.2	2.2	4.8	4.2	2.7	
Coronary Artery Bypass Graft	144	2.8	4.4	1.9	3.5	6.0	2.5	4.2	6.8	2.7	
Initial Pacemaker Insertion	15	0.0	2.3	••••	0.0	4.3		0.0	6.1		
Carotid Endarterectomy	56	0.0	1.2	1.7	0.0	2.3	2.6	1.8	3.4	2.8	
Hip Replacement/Reconstruction	56	3.6	1.9	2.0	3.6	3.7	2.6	3.6	4.9	3.2	
Open Reduction of Hip Fracture	13	7.7	4.6	••••	15.4	8.4	••••	15.4	11.2		
Prostatectomy	14	0.0	0.9		7.1	2.3	•	7.1	4.0		
Cholecystectomy	48	4.2	1.6		4.2	3.0		6.3	4.1		
Hysterectomy	19	0.0	1.2		0.0	2.8		0.0	4.6		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (\* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# **ROGUE VALLEY MEDICAL CENTER**

Medicare Provider Number: 380018

# FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	72.1 years	Cancer	11.3 %
Proportion female	47.6 %	Chronic cardiovascular disease	36.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	53.1 %	Chronic renal disease	3.8 %
Transferred from skilled nursing facility	0.2 %	Chronic pulmonary disease	15.3 %
Admitted for elective procedure	33.6 %	Cerebrovascular degeneration	2.5 %
Admitted for emergency	36.6 %	Diabetes mellitus	7.1 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	61.3%	Hospital	7.4 Days
State	24.1%	State	6.0 Days
Outside State	14.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 305	Burn Unit No
Occupancy Rate 50.0 %	Cardiac Intensive Care Yes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 32.6 %	Hospice CareYes
Case Mix Index (CMI) 1.8508	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 201	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/DrugYes
Registered Nurses	RehabilitationNo
Licensed Practical Nurses	PsychiatricYes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

SACRED HEART GENERAL HOSPITAL

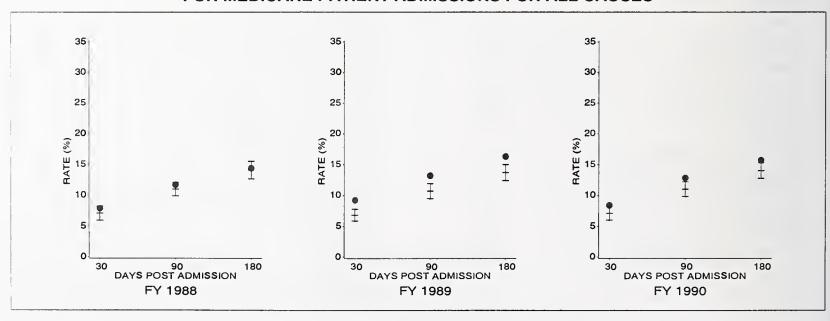
1255 HILYARD STREET
EUGENE, OR 97401
Medicare Provider Number: 380033

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
			30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	овѕ	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	4706	8.4	7.1	0.6	12.8	11.0	0.6	15.7	14.0	0.6	
CONDITIONS:											
Acute Myocardial Infarction	188	21.8	22.5	3.6	27.1	25.4	3.6	28.7	28.0	3.4	
Congestive Heart Failure	180	14.4	12.8	3.4	26.7	20.9	4.6	35.6	27.3	5.1	
Pneumonia/Influenza	189	15.3	12.0	2.7	21.7	17.0	3.9	28.0	20.6	4.3	
Chronic Obstructive Pulmonary Disease	40	7.5	7.4		15.0	13.1		17.5	17.6		
Transient Cerebral Ischemia	59	3.4	1.5	2.1	3.4	3.3	2.4	3.4	5.4	3.3	
Stroke	207	15.9	15.5	2.6	20.8	21.0	2.9	24.2	24.5	3.8	
Hip Fracture	138	5.8	5.3	2.9	12.3	9.7	4.9	17.4	13.1	6.1	
Sepsis	46	17.4	18.1		26.1	25.9		30.4	30.7		
PROCEDURES:											
Angioplasty	139	2.9	2.8	1.4	5.8	3.6	2.4	7.2	4.5	2.9	
Coronary Artery Bypass Graft	178	3.9	4.7	1.8	4.5	6.7	2.5	5.6	7.7	2.7	
Initial Pacemaker Insertion	37	0.0	2.5		2.7	4.9		2.7	7.2		
Carotid Endarterectomy	68	0.0	1.4	2.5	1.5	2.6	3.6	4.4	3.9	4.2	
Hip Replacement/Reconstruction	149	2.0	1.6	1.5	4.7	3.1	2.5	6.7	4.4	3.4	
Open Reduction of Hip Fracture	37	8.1	6.0		10.8	11.0		13.5	14.7		
Prostatectomy	208	1.4	0.6	0.8	2.4	1.4	1.3	3.4	2.4	1.7	
Cholecystectomy	119	1.7	2.7	1.8	3.4	4.8	2.9	3.4	6.2	3.8	
Hysterectomy	52	1.9	0.6	1.9	1.9	1.3	2.0	1.9	2.0	2.1	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (\* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# SACRED HEART GENERAL HOSPITAL

Medicare Provider Number: 380033

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:	COMORBIDITIES:
Average age at admission	Cancer 7.1 %
Proportion female 51.7 %	Chronic cardiovascular disease 30.0 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 0.8 %
Referred by personal or HMO physician 97.5 %	Chronic renal disease
Transferred from skilled nursing facility 0.1 %	Chronic pulmonary disease 12.7 %
Admitted for elective procedure 29.4 %	Cerebrovascular degeneration 2.1 %
Admitted for emergency 9.3 %	Diabetes mellitus 6.0 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	80.8%	Hospital	6.4 Days
State	16.3%	State	6.0 Days
Outside State	2.9%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 71.0 %	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric No
Medicare Discharges	Hospice CareYes
Case Mix Index (CMI) 1.5886	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists 87.3 %	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/DrugYes
Registered Nurses	RehabilitationYes
Licensed Practical Nurses 54	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# SALEM HOSPITAL

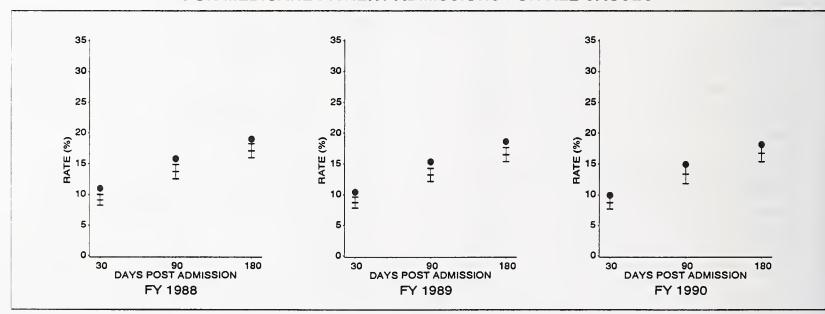
665 WINTER ST & 2561 CENTER ST NE SALEM, OR 97309 Medicare Provider Number: 380051

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				MC	ORTALITY RATES (%)							
			30 DAYS			90 DAYS			180 DAYS			
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	овѕ	PRED	SD*		
ALL CAUSES	5031	9.9	8.7	0.5	14.9	13.3	0.8	18.1	16.7	0.7		
CONDITIONS:												
Acute Myocardial Infarction	195	31.8	27.0	3.9	33.8	29.9	3.9	35.9	32.4	4.0		
Congestive Heart Fallure	277	13.7	14.4	2.2	24.5	22.9	2.9	30.3	29.1	3.2		
Pneumonia/Influenza	195	17.4	13.6	2.8	22.6	19.1	3.1	25.6	23.0	4.2		
Chronic Obstructive Pulmonary Disease	47	14.9	8.4		21.3	14.9		25.5	19.6			
Transient Cerebral ischemia	39	0.0	2.3		5.1	5.2		12.8	8.2			
Stroke	226	17.3	19.8	4.0	23.9	25.6	4.0	26.1	29.2	4.		
Hip Fracture	182	7.7	5.8	3.1	12.1	10.5	3.8	15.4	14.1	4.		
Sepsis	44	27.3	20.5		38.6	28.2	••••	38.6	33.1			
PROCEDURE <b>S</b> :												
Angioplasty	8	0.0	2.5		0.0	3.0		0.0	3.7			
Coronary Artery Bypass Graft	34	2.9	4.7		5.9	6.3		5.9	7.1			
Initial Pacemaker Insertion	37	2.7	3.1		5.4	6.3		5.4	9.4			
Carotid Endarterectomy	56	1.8	1.3	1.8	1.8	2.5	5.2	10.7	3.8	3.0		
Hip Replacement/Reconstruction	172	4.7	2.6	2.5	7.6	5.0	2.9	8.7	7.0	3.0		
Open Reduction of Hip Fracture	84	3.6	5.8	3.3	8.3	10.8	3.9	13.1	14.6	4.		
Prostatectomy	207	0.0	0.6	0.6	0.0	1.3	1.1	0.5	2.4	1.		
Cholecystectomy	144	2.1	2.1	1.8	5.6	3.9	3.2	7.6	5.2	4.		
Hysterectomy	42	0.0	0.5		0.0	1.1		0.0	1.7			

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

# OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### SALEM HOSPITAL Medicare Provider Number: 380051

### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	74.5 years	Cancer	8.8 %
Proportion female		Chronic cardiovascular disease	32.4 %
DMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	53.1 %	Chronic renal disease	3.5 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	13.3 %
Admitted for elective procedure	23.9 %	Cerebrovascular degeneration	4.9 %
Admitted for emergency	17.1 %	Diabetes mellitus	6.0 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

٧:	MEDICARE AVERAGE LENGTH OF STAY:	
78.4%	Hospital	6.8 Days
19.3%	State	6.0 Days
2.3%	National	8.6 Days
100.0%		
	78.4% 19.3% 2.3%	78.4% Hospital

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 66.0 %	Cardiac Intensive CareYes
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges	Hospice Care No
Case Mix Index (CMI) 1.3662	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center Yes
Medical Residents/Interns 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugNo
Licensed Practical Nurses	RehabilitationYes
	Psychiatric Yes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### SANTIAM MEMORIAL HOSPITAL

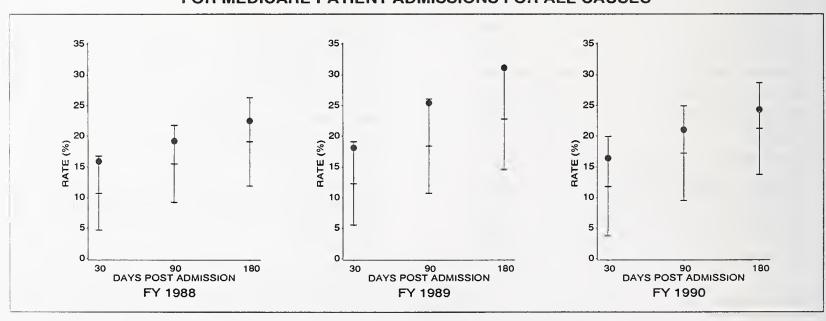
1401 N 10TH AVENUE STAYTON, OR 97383 Medicare Provider Number: 380056

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				MC	ORTALITY RATES (%)						
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	214	16.4	11.8	4.1	21.0	17.2	3.9	24.3	21.2	3.7	
CONDITIONS:											
Acute Myocardial Infarction	11	18.2	31.2		18.2	34.0		27.3	37.0		
Congestive Heart Failure	18	16.7	18.7		38.9	29.7		38.9	37.2		
Pneumonia/Influenza	17	11.8	13.6		23.5	18.5		23.5	22.0		
Chronic Obstructive Pulmonary Disease	4	50.0	8.4		50.0	14.4		50.0	19.4		
Transient Cerebral Ischemia	4	0.0	3.5		0.0	8.1		0.0	12.5		
Stroke	9	33.3	18.9		33.3	24.3		33.3	27.7		
Hip Fracture	12	8.3	7.3		8.3	13.4		8.3	17.9		
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	3	0.0	6.0		0.0	11.3		0.0	15.5		
Open Reduction of Hip Fracture	6	0.0	5.8		0.0	11.4		0.0	15.4		
Prostatectomy	0										
Cholecystectomy	4	0.0	2.8		0.0	4.4		0.0	5.4		
Hysterectomy	0										

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### SANTIAM MEMORIAL HOSPITAL

Medicare Provider Number: 380056

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	78.2 years	Cancer	7.0 %
Proportion female	54.0 %	Chronic cardiovascular disease	36.3 %
DMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	40.5 %	Chronic renal disease	3.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	17.7 %
Admitted for elective procedure	4.7 %	Cerebrovascular degeneration	8.8 %
Admitted for emergency	91.6 %	Diabetes mellitus	7.4 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	<b>N:</b>	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	77.4%	Hospital	5.1 Days
State	20.1%	State	6.0 Days
Outside State	2.5%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)	)** - Survey Year 1990
PROFILE:	SPECIALTY SERVICES:
Total Beds 40	Burn Unit No
Ownership.Control Private, Non-Profit	Coronary Care Unit No
Case Mix Index (CMI) 1.0076	Hospice Care No
STAFFING:	Intensive Care Unit No
Medical Residents/Interns 0	Organ Transplant No
Registered Nurses 12	Trauma Center No
Licensed Practical Nurses 3	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/Drug No
	RehabilitationNo
	Psychiatric No
	Medicare Swing BedsYes
** Except for CMI	

<sup>\*</sup> Not used in calculating mortality rates

#### SILVERTON HOSPITAL

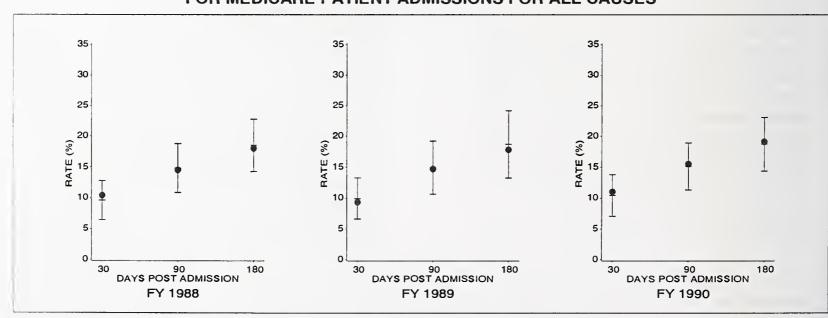
342 FAIRVIEW STREET SILVERTON, OR 97381 Medicare Provider Number: 380029

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
	NUMBER OF CASES	30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	9	BS	PRED	SD*
ALL CAUSES	362	11.0	10.4	1.7	15.5	15.1	1.9		19.1	18.7	2.2
CONDITIONS:											
Acute Myocardial Infarction	15	26.7	23.8		26.7	27.0		:	26.7	30.0	
Congestive Heart Failure	24	16.7	16.4		25.0	25.6			41.7	32.6	
Pneumonia/Influenza	41	19.5	16.7		26.8	22.9		:	26.8	26.7	
Chronic Obstructive Pulmonary Disease	6	0.0	10.6		0.0	16.1			16.7	20.4	
Transient Cerebral Ischemia	4	0.0	2.6		0.0	5.8			0.0	9.4	
Stroke	24	16.7	21.4		16.7	27.5		:	20.8	31.7	
Hip Fracture	12	16.7	5.3		25.0	9.4		:	25.0	12.6	
Sepsis	3	0.0	33.5		33.3	40.1		;	33.3	45.5	
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	2	0.0	3.0		0.0	6.2			0.0	8.7	
Open Reduction of Hip Fracture	9	22.2	5.3		33.3	9.4		;	33.3	12.8	
Prostatectomy	0										
Cholecystectomy	11	0.0	3.7		9.1	8.1			9.1	11.8	
Hysterectomy	4	0.0	0.2		0.0	0.5			0.0	1.0	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### SILVERTON HOSPITAL Medicare Provider Number: 380029

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	79.2 years	Cancer	6.1 %
Proportion female	•	Chronic cardiovascular disease	36.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	40.3 %	Chronic renal disease	0.8 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	14.6 %
Admitted for elective procedure	6.6 %	Cerebrovascular degeneration	6.6 %
Admitted for emergency	1.1 %	Diabetes mellitus	4.7 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.9%	Hospital	5.3 Days
State	10.8%	State	6.0 Days
Outside State	1.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 39.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Gerlatric No
Medicare Discharges 35.6 %	Hospice Care No
Case Mix Index (CMI) 1.0887	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physiclans	Other Intensive Care No
Percent of Physicians Board Certified Specialists 78.9 %	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Alcohol/Drug No
Registered Nurses	Rehabilitation No
Licensed Practical Nurses	Psychlatric No
Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### SOUTHERN COOS GENERAL HOSPITAL

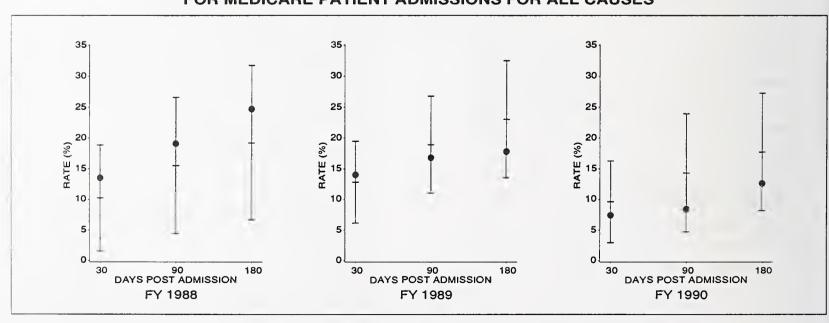
640 WEST 4TH ST BANDON, OR 97411 Medicare Provider Number: 380048

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

			-	MC	ORTALIT	Y RATE	S (%)				
		30 DAYS			9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	95	7.4	9.6	3.3	8.4	14.3	4.8	12.6	17.7	4.8	
CONDITIONS:											
Acute Myocardial Infarction	5	20.0	29.0		20.0	31.7		20.0	34.8		
Congestive Heart Failure	6	0.0	13.4		0.0	21.7		0.0	26.8		
Pneumonia/Influenza	19	10.5	14.6		10.5	20.0		15.8	23.7		
Chronic Obstructive Pulmonary Disease	0										
Transient Cerebral Ischemla	1	0.0	1.3		0.0	3.1		0.0	5.3		
Stroke	5	0.0	14.7		0.0	22.0		40.0	26.0		
Hip Fracture	0										
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	4	0.0	1.0		0.0	2.4		0.0	4.2		
Cholecystectomy	0										
Hysterectomy	0										

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (\* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



## SOUTHERN COOS GENERAL HOSPITAL Medicare Provider Number: 380048

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.6 years	Cancer	5.3 %
Proportion female	52.6 %	Chronic cardiovascular disease	41.1 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	45.3 %	Chronic renal disease	1.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	23.2 %
Admitted for elective procedure	4.2 %	Cerebrovascular degeneration	5.3 %
Admitted for emergency	54.7 %	Diabetes mellitus	8.4 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	72.0%	Hospital	4.4 Days
State	23.7%	State	6.0 Days
Outside State	4.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1990	
PROFILE:	SPECIALTY SERVICES:
Total Beds 18	Burn Unit No
Occupancy Rate 11.1 %	Cardiac Intensive Care No
Ownership/Control District/Authority	Comprehensive Geriatric No
Medicare Discharges 67.9 %	Hospice Care No
Case Mix Index (CMI) 0.9964	Medical/Surgical Intensive Care No
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 6	Other Intensive Care No
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses 6	RehabilitationNo
Licensed Practical Nurses 1	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### SOUTHERN OREGON MEDICAL CENTER

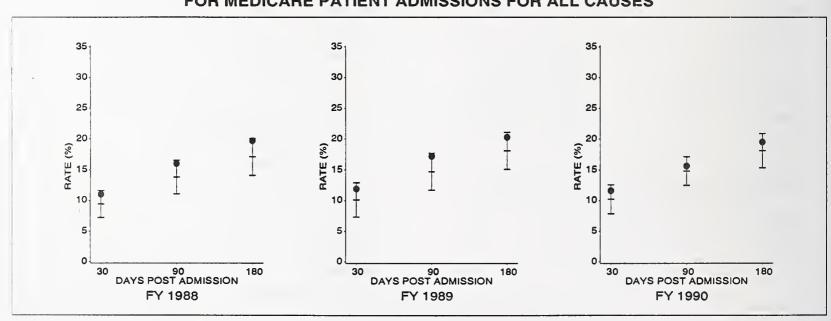
1505 NW WASHINGTON BLVD GRANTS PASS, OR 97526 Medicare Provider Number: 380063

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAYS			90 DAYS			180 DAYS		
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1084	11.6	10.2	1.2	15.6	14.8	1.2	19.5	18.1	1.4	
CONDITIONS:											
Acute Myocardial Infarction	58	31.0	25.2	9.5	32.8	28.1	8.8	36.2	30.8	7.7	
Congestive Heart Fallure	77	19.5	14.0	7.6	28.6	22.1	8.8	35.1	28.1	9.7	
Pneumonia/Influenza	61	14.8	14.6	4.6	18.0	20.1	6.3	23.0	23.6	7.7	
Chronic Obstructive Pulmonary Disease	7	0.0	9.2		0.0	15.2	*****	0.0	19.6		
Transient Cerebral Ischemla	15	6.7	1.4		6.7	3.4		20.0	5.7		
Stroke	55	20.0	21.2	7.3	25.5	26.1	6.0	29.1	29.5	6.6	
Hip Fracture	42	14.3	6.4	*****	19.0	11.4		28.6	14.8	*****	
Sepsis	19	15.8	23.8	****	21.1	30.5		26.3	34.2	*****	
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	5	0.0	1.3	*****	0.0	2.9	****	0.0	4.8		
Carotid Endarterectomy	10	0.0	1.1	*****	0.0	2.2	****	0.0	3.3		
Hip Replacement/Reconstruction	10	10.0	4.8	****	20.0	9.1	****	20.0	12.2		
Open Reduction of Hip Fracture	29	6.9	4.4		10.3	8.5		24.1	11.7		
Prostatectomy	18	0.0	0.6		0.0	1.4	****	0.0	2.4	*****	
Cholecystectomy	47	2.1	2.7		8.5	4.9		14.9	6.7		
Hysterectomy	9	0.0	0.3	••••	0.0	0.8	••••	0.0	1.3	*****	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### SOUTHERN OREGON MEDICAL CENTER Medicare Provider Number: 380063

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission 7	5.5 years	Cancer	5.4 %
Proportion female 5	54.5 %	Chronic cardiovascular disease	31.5 %
ADMISSION SOURCES/TYPES:		Chronic Ilver disease	1.3 %
Referred by personal or HMO physician 2	29.8 %	Chronic renal disease	2.2 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	18.2 %
Admitted for elective procedure 1	3.6 %	Cerebrovascular degeneration	3.5 %
Admitted for emergency6	9.9 %	Diabetes mellitus	6.1 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	82.2%	Hospital	4.9 Days
State	13.1%	State	6.0 Days
Outside State	4.7%	National	8.6 Days
Total	100.0%		

PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit N
Ownership/Control Private, For Profit	Coronary Care UnitYe
Case Mix Index (CMI) 1.2350	Hospice Care N
STAFFING:	Intensive Care UnitYe
Medical Residents/Interns 4	Organ Transplant N
Registered Nurses	Trauma Center N
Licensed Practical Nurses 8	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugN
	RehabilitationN
	Psychiatric N
	Medicare Swing Beds N

<sup>\*</sup> Not used in calculating mortality rates

#### ST ANTHONY HOSPITAL

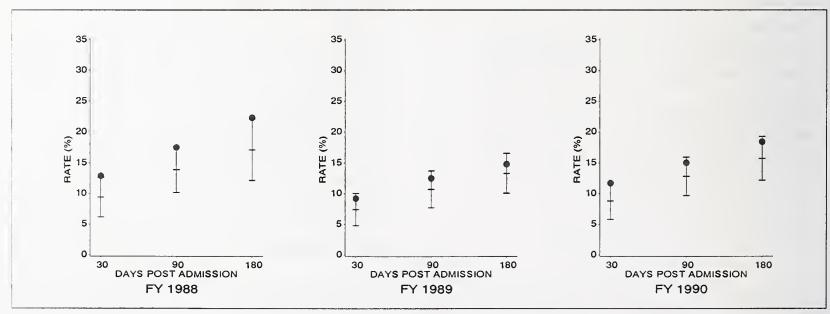
1601 SE COURT AVENUE PENDLETON, OR 97801 Medicare Provider Number: 380066

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	овѕ	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	575	11.7	8.8	1.5	15.0	12.8	1.6	18.4	15.7	1.8	
CONDITIONS:											
Acute Myocardial Infarction	21	38.1	28.9		38.1	31.6		42.9	34.6		
Congestive Heart Failure	21	23.8	17.0		38.1	26.8		52.4	33.6		
Pneumonia/Influenza	33	15.2	13.4		18.2	18.4		18.2	21.6		
Chronic Obstructive Pulmonary Disease	10	20.0	8.4		30.0	13.8		30.0	18.3		
Transient Cerebral Ischemia	4	0.0	1.5		0.0	3.3		0.0	5.3		
Stroke	26	30.8	22.5		34.6	29.4		42.3	33.3		
Hip Fracture	13	23.1	9.2		23.1	15.9		23.1	20.4		
Sepsis	6	16.7	37.0		33.3	42.9		33.3	46.4		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	2	0.0	1.6	••••	0.0	2.8	••	0.0	4.2	••••	
Hip Replacement/Reconstruction	5	0.0	4.9		0.0	8.2		0.0	11.0		
Open Reduction of Hip Fracture	7	28.6	6.2		28.6	11.7		28.6	15.8		
Prostatectomy	61	0.0	0.5	1.1	1.6	1.3	1.5	1.6	2.3	2.0	
Cholecystectomy	27	11.1	2.4		11.1	3.8		11.1	4.7		
Hysterectomy	7	0.0	0.1	••••	0.0	0.3		0.0	0.6	•••••	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### ST ANTHONY HOSPITAL

Medicare Provider Number: 380066

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.5 years	Cancer	5.0 %
Proportion female	50.3 %	Chronic cardiovascular disease	34.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.7 %
Referred by personal or HMO physician	49.4 %	Chronic renal disease	1.4 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	21.9 %
Admitted for elective procedure	23.5 %	Cerebrovascular degeneration	5.0 %
Admitted for emergency	53.2 %	Diabetes mellitus	9.2 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	82.5%	Hospital	4.5 Days
State	12.8%	State	6.0 Days
Outside State	4.7%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1996	0
PROFILE:	SPECIALTY SERVICES:
Total Beds 87	Burn Unit No
Occupancy Rate 34.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric Yes
Medicare Discharges 31.8 %	Hospice CareYes
Case Mix Index (CMI) 1.0978	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
	Rehabilitation No
Licensed Practical Nurses	PsychiatricYes
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### ST CHARLES MEDICAL CENTER

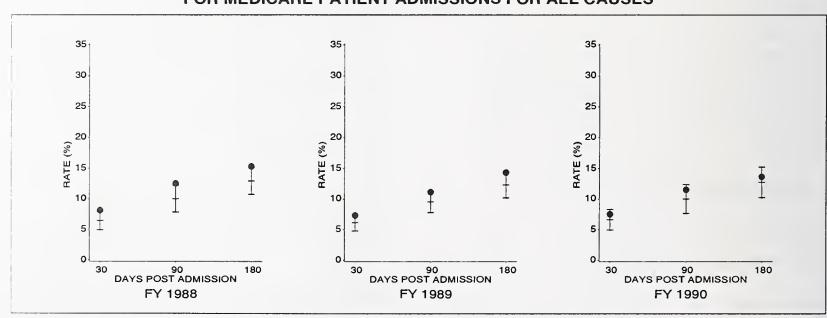
2500 NE NEFF RD BEND, OR 97701 Medicare Provider Number: 380047

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

· ·		MORTALITY RATES (%)									
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	2066	7.5	6.6	0.8	11.5	10.0	1.2	13.6	12.7	1.3	
CONDITIONS:											
Acute Myocardial Infarction	94	16.0	22.5	5.0	20.2	25.0	5.0	21.3	27.5	5.4	
Congestive Heart Failure	51	13.7	14.0	6.6	29.4	22.6	8.9	33.3	28.8	11.5	
Pneumonia/Influenza	60	8.3	10.9	4.2	15.0	15.5	5.0	21.7	18.8	5.2	
Chronic Obstructive Pulmonary Disease	21	23.8	8.1		38.1	14.9		47.6	20.3		
Transient Cerebral Ischemia	12	0.0	1.7		0.0	3.7		0.0	6.1		
Stroke	69	20.3	15.7	9.6	24.6	21.2	9.2	26.1	24.7	8.7	
Hip Fracture	62	11.3	4.7	4.4	22.6	8.6	6.1	22.6	11.6	6.0	
Sepsis	21	23.8	22.8		33.3	29.5		33.3	33.6		
PROCEDURES:											
Angioplasty	79	3.8	5.3	2.9	6.3	6.4	2.8	8.9	7.6	3.5	
Coronary Artery Bypass Graft	65	6.2	5.2	2.8	6.2	6.9	3.2	6.2	7.8	3.5	
Initial Pacemaker Insertion	20	0.0	1.8		0.0	3.8		5.0	5.9		
Carotid Endarterectomy	24	0.0	1.4		0.0	2.6		0.0	4.0		
Hip Replacement/Reconstruction	67	6.0	1.4	2.7	7.5	2.7	3.1	7.5	3.8	3.3	
Open Reduction of Hip Fracture	34	8.8	4.8		23.5	9.3		23.5	12.7		
Prostatectomy	200	0.0	8.0	1.2	0.5	1.7	2.6	1.5	2.9	4.1	
Cholecystectomy	59	3.4	2.3	2.2	3.4	4.2	3.3	8.5	5.4	3.9	
Hysterectomy	20	0.0	0.9		0.0	2.1		0.0	3.4		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (\* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### ST CHARLES MEDICAL CENTER

Medicare Provider Number: 380047

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	73.1 years	Cancer	8.0 %
Proportion female	47.0 %	Chronic cardiovascular disease	29.5 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.4 %
Referred by personal or HMO physician	59.5 %	Chronic renal disease	1.9 %
Transferred from skilled nursing facility	0.1 %	Chronic pulmonary disease	12.1 %
Admitted for elective procedure	52.0 %	Cerebrovascular degeneration	3.2 %
Admitted for emergency	12.2 %	Diabetes mellitus	4.3 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	69.3%	Hospital	6.0 Days
State	26.5%	State	6.0 Days
Outside State	4.2%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 176	Burn Unit No
Occupancy Rate 61.0 %	Cardiac Intensive Care Yes
Ownership.Control Private, Non-Profit	Comprehensive Gerlatric No
Medicare Discharges 34.8 %	Hospice Care No
Case Mix Index (CMI) 1.5454	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 117	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Medical Residents/Interns 0	Aicohoi/Drug No
Registered Nurses	RehabliltationYes
Licensed Practical Nurses	Psychiatric Yes
** Except for CMi	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# ST ELIZABETH HOSPITAL/HEALTH CARE CENTER 3325 POCAHONTAS ROAD, BOX 766 BAKER, OR 97814

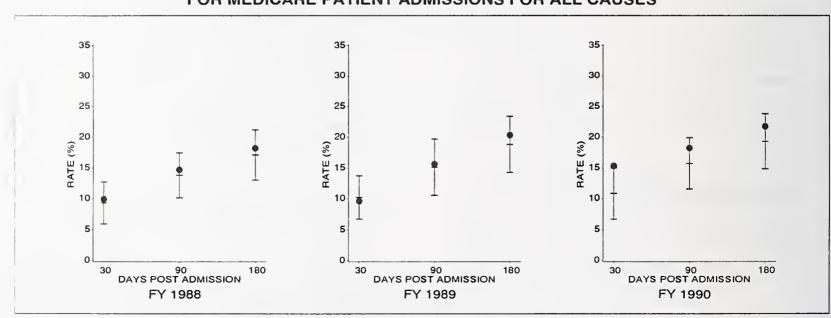
Medicare Provider Number: 380011

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				Mo	ORTALIT	Y RATE	S (%)			-
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	373	15.3	10.8	2.1	18.2	15.7	2.1	21.7	19.3	2.2
CONDITIONS:										
Acute Myocardial Infarction	15	40.0	26.9	••••	40.0	29.7		40.0	32.3	
Congestive Heart Failure	23	21.7	15.7		34.8	24.5		39.1	30.9	
Pneumonia/Influenza	30	16.7	13.7		23.3	19.2		33.3	22.9	*****
Chronic Obstructive Pulmonary Disease	20	5.0	7.5		10.0	13.4		15.0	18.0	
Transient Cerebral Ischemia	6	0.0	1.4		16.7	3.2		16.7	5.2	
Stroke	19	42.1	22.8		47.4	29.0		47.4	33.2	
Hip Fracture	12	16.7	6.4		16.7	11.1		16.7	14.7	
Sepsis	7	28.6	26.1		42.9	31.2		42.9	36.0	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	4	0.0	2.3		0.0	5.1		0.0	8.1	
Open Reduction of Hip Fracture	10	20.0	5.6		20.0	10.3		20.0	13.9	
Prostatectomy	0									
Cholecystectomy	9	0.0	1.9		0.0	3.0		0.0	3.8	
Hysterectomy	13	7.7	1.1		7.7	2.4		7.7	3.6	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### ST ELIZABETH HOSPITAL/HEALTH CARE CENTER Medicare Provider Number: 380011

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	76.6 years	Cancer	6.7 %
Proportion female		Chronic cardiovascular disease	• • • • • • • • • • • • • • • • • • • •
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.1 %
Referred by personal or HMO physician	30.6 %	Chronic renal disease	1.1 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	25.2 %
Admitted for elective procedure	1.6 %	Cerebrovascular degeneration	5.6 %
Admitted for emergency	63.8 %	Diabetes mellitus	4.0 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	89.3%	Hospital	5.2 Days
State	7.4%	State	6.0 Days
Outside State	3.3%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 122	Burn Unit No
Occupancy Rate 72.0 %	Cardiac Intensive Care No
Ownership/Control	Comprehensive Geriatric Yes
Medicare Discharges 47.2 %	Hospice Care No
Case Mix Index (CMI) 1.1327	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists100.0 %	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
modical fibrido no modificación de la companya de l	Alcohol/DrugNo
	RehabilitationNo
Licensed Practical Nurses	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

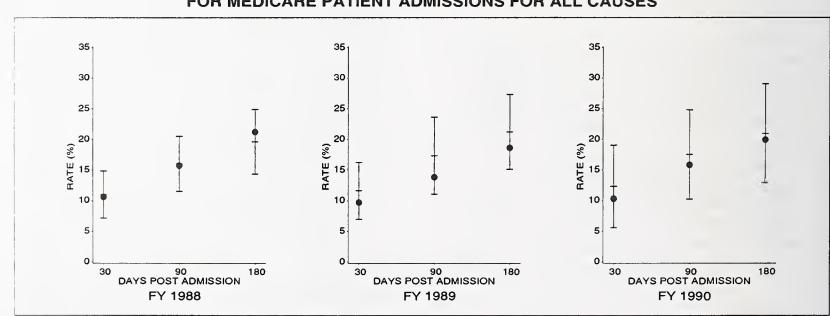
ST HELENS HOSPITAL & HEALTH CENTER
500 N COLUMBIA RIVER HWY
ST. HELENS, OR 97051
Medicare Provider Number: 380045

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				MC	ORTALIT	TALITY RATES (%)					
			30 DAY	S	9	0 DAYS	5	18	0 DAYS	,	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	овѕ	PRED	SD*	
ALL CAUSES	146	10.3	12.3	3.4	15.8	17.5	3.6	19.9	20.9	4.1	
CONDITIONS:											
Acute Myocardial Infarction	5	60.0	27.8		60.0	34.4		60.0	38.3		
Congestive Heart Failure	14	14.3	15.3		21.4	24.3		28.6	30.3		
Pneumonia/Influenza	14	14.3	18.0		21.4	25.1		35.7	29.5		
Chronic Obstructive Pulmonary Disease	1	0.0	2.8		0.0	5.5		0.0	7.8		
Transient Cerebral Ischemia	1	0.0	1.1		0.0	2.8	*****	0.0	4.9		
Stroke	2	0.0	17.3		50.0	21.8		50.0	25.3		
Hip Fracture	5	40.0	19.1		40.0	27.7		40.0	31.7		
Sepsis	0										
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	4	25.0	6.4		25.0	10.6		25.0	13.8		
Open Reduction of Hip Fracture	1	0.0	7.2		0.0	11.1		0.0	14.2		
Prostatectomy	7	0.0	1.3		0.0	2.7		0.0	4.6		
Cholecystectomy	3	0.0	1.1	••••	0.0	1.8		0.0	2.3		
Hysterectomy	3	0.0	2.5		0.0	5.3		0.0	7.6		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### ST HELENS HOSPITAL & HEALTH CENTER

Medicare Provider Number: 380045

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

EMOGRAPHICS:	COMORBIDITIES:
Average age at admission	Cancer
Proportion female 55.5 %	Chronic cardiovascular disease 47.9 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 0.7 %
Referred by personal or HMO physician 46.6 %	Chronic renal disease 1.4 %
Transferred from skilled nursing facility 0.0 %	Chronic pulmonary disease 28.1 %
Admitted for elective procedure 0.0 %	Cerebrovascular degeneration 5.5 %
Admitted for emergency 98.6 %	Diabetes mellitus 6.8 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	<b>l</b> :	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	89.5%	Hospital	4.7 Days
State	6.7%	State	6.0 Days
Outside State	3.8%	National	8.6 Days
Total	100.0%		

SOURCE: Health Care Financing Administration (OSCAR)**	- Survey Year 1989
PROFILE:	SPECIALTY SERVICES:
Total Beds44	Burn Unit No
Ownership/Control Church	Coronary Care Unit Yes
Case Mix Index (CMI) 1.1257	Hospice Care No
STAFFING:	Intensive Care UnitYes
Medical Residents/Interns2	Organ Transplant No
Registered Nurses	Trauma Center No
Licensed Practical Nurses 0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/Drug No
	RehabilitationNo
	Psychiatric No
	Medicare Swing Beds Yes
** Except for CMI	

<sup>\*</sup> Not used in calculating mortality rates

#### ST VINCENT HOSPITAL & MEDICAL CENTER

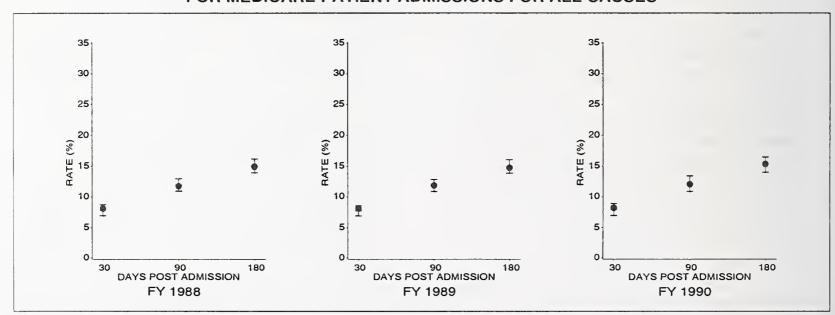
9205 SW BARNES ROAD PORTLAND, OR 97225 Medicare Provider Number: 380004

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

	•			MC	ORTALIT	YRATE	S (%)			
		3	BO DAY	S	9	0 DAYS	3	18	0 DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	4203	8.2	7.9	0.5	12.0	12.1	0.6	15.3	15.2	0.6
CONDITIONS:										
Acute Myocardial Infarction	160	15.6	23.2	5.1	19.4	26.5	5.8	23.7	29.2	6.4
Congestive Heart Failure	152	17.1	13.5	6.0	24.3	21.5	7.3	31.6	27.3	7.5
Pneumonia/Influenza	128	13.3	15.6	3.8	21.1	21.4	3.8	22.7	25.0	4.3
Chronic Obstructive Pulmonary Disease	34	5.9	10.6		14.7	18.3		26.5	23.8	
Transient Cerebral Ischemia	28	0.0	1.8		3.6	3.7		3.6	5.9	*****
Stroke	93	24.7	24.4	5.5	29.0	30.7	6.3	35.5	34.5	5.3
Hip Fracture	107	15.0	7.7	4.4	20.6	13.6	4.9	24.3	17.5	5.0
Sepsis	32	21.9	25.9		31.3	35.8		37.5	41.0	
PROCEDURES:										
Angioplasty	201	2.5	3.2	1.7	3.5	4.3	2.3	3.5	5.3	2.9
Coronary Artery Bypass Graft	258	8.1	6.8	2.0	10.1	9.6	1.9	12.0	10.8	2.2
Initial Pacemaker Insertion	42	0.0	2.9		0.0	5.7		4.8	8.1	
Carotid Endarterectomy	106	0.0	1.4	1.6	0.0	2.5	2.3	0.0	3.6	2.8
Hip Replacement/Reconstruction	98	3.1	2.7	1.9	7.1	4.8	3.0	9.2	6.4	4.3
Open Reduction of Hip Fracture	49	16.3	6.9	•••	18.4	12.7		24.5	16.6	
Prostatectomy	167	0.0	0.7	0.9	0.0	1.7	1.7	1.2	3.0	1.7
Cholecystectomy	68	4.4	2.8	2.3	10.3	4.9	4.2	13.2	6.4	4.4
Hysterectomy	66	1.5	0.8	1.2	1.5	1.9	1.7	1.5	3.1	2.8

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### ST VINCENT HOSPITAL & MEDICAL CENTER

Medicare Provider Number: 380004

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.0 years	Cancer	8.3 %
Proportion female	54.0 %	Chronic cardiovascular disease	44.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.6 %
Referred by personal or HMO physician	60.1 %	Chronic renal disease	2.1 %
Transferred from skilled nursing facility	0.6 %	Chronic pulmonary disease	13.7 %
Admitted for elective procedure	38.6 %	Cerebrovascular degeneration	2.9 %
Admitted for emergency	35.4 %	Diabetes mellitus	6.1 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	33.2%	Hospital	6.8 Days
State	57.4%	State	6.0 Days
Outside State	9.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 451	Burn Unit No
Occupancy Rate 59.0 %	Cardiac Intensive Care Yes
Ownership/ControlChurch	Comprehensive Geriatric Yes
Medicare Discharges 28.1 %	Hospice CareYes
Case Mix Index (CMI) 1.7608	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 519	Other Intensive Care Yes
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
Registered Nurses 629  Licensed Practical Nurses 10	RehabilitationNo
Licensed Practical Nurses 10	Psychiatric
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

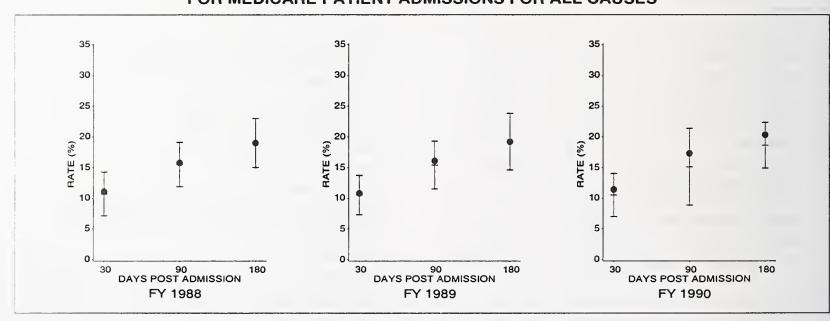
# TILLAMOOK COUNTY GENERAL HOSPITAL 1000 THIRD ST TILLAMOOK, OR 97141 Medicare Provider Number: 380070

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

				M	ORTALIT	YRATE	S (%)			
		3	30 DAY	S	9	0 DAYS	3	18	0 DAYS	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	492	11.4	10.5	1.8	17.3	15.1	3.1	20.3	18.6	1.9
CONDITIONS:										
Acute Myocardial Infarction	22	13.6	21.1		18.2	25.2		18.2	28.5	
Congestive Heart Failure	23	8.7	15.7		13.0	24.4		17.4	30.4	
Pneumonia/Influenza	38	7.9	16.9		21.1	23.9		28.9	28.1	
Chronic Obstructive Pulmonary Disease	13	38.5	9.2		46.2	15.6		61.5	20.1	
Transient Cerebral Ischemia	4	0.0	1.3		0.0	3.2		0.0	5.5	
Stroke	24	29.2	16.3		37.5	22.4		41.7	26.5	
Hip Fracture	3	0.0	5.3		0.0	9.4		0.0	12.6	
Sepsis	5	80.0	60.1		80.0	74.1		100.0	79.1	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	1	0.0	3.5		0.0	7.6		0.0	11.2	
Prostatectomy	0									
Cholecystectomy	11	0.0	1.5		0.0	2.7		0.0	3.8	
Hysterectomy	1	0.0	0.3		0.0	0.8		0.0	1.5	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (\* 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### TILLAMOOK COUNTY GENERAL HOSPITAL

Medicare Provider Number: 380070

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:	COMORBIDITIES:
Average age at admission 75.4 years	Cancer 5.3 %
Proportion female 51.8 %	Chronic cardiovascular disease 32.3 %
ADMISSION SOURCES/TYPES:	Chronic liver disease 1.6 %
Referred by personal or HMO physician 32.3 %	Chronic renal disease
Transferred from skilled nursing facility 0.0 %	Chronic pulmonary disease 19.3 %
Admitted for elective procedure 26.6 %	Cerebrovascular degeneration 4.3 %
Admitted for emergency 4.9 %	Diabetes mellitus 5.9 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	90.0%	Hospital	4.1 Days
State	6.4%	State	6.0 Days
Outside State	3.6%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	10
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 41.0 %	Cardiac Intensive Care No
Ownership/ControlChurch	Comprehensive Geriatric No
Medicare Discharges 53.4 %	Hospice CareYes
Case Mix Index (CMI) 1.0266	Medical/Surgical Intensive CareYes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	Rehabilitation No
Licensed Practical Nurses 5	Psychiatric Yes
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

#### TUALITY COMMUNITY HOSPITAL

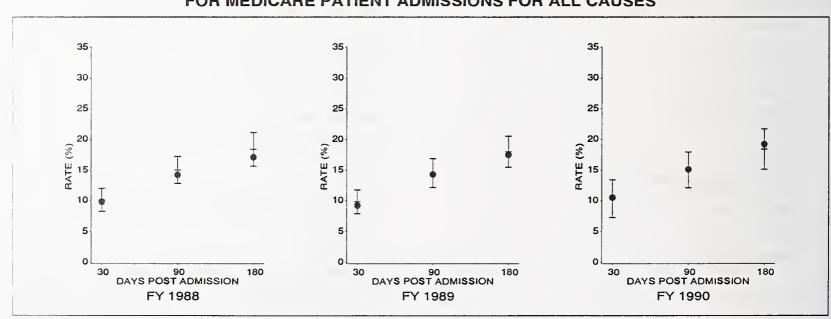
335 SE 8TH AVENUE HILLSBORO, OR 97123 Medicare Provider Number: 380021

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

		MORTALITY RATES (%)									
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	<b>;</b>	
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	1206	10.5	10.3	1.5	15.1	15.0	1.5	19.2	18.4	1.6	
CONDITIONS:											
Acute Myocardial Infarction	52	28.8	29.3	7.3	34.6	32.4	7.2	36.5	35.2	7.0	
Congestive Heart Failure	63	25.4	15.5	6.4	39.7	22.6	8.8	42.9	28.5	8.3	
Pneumonia/Influenza	81	8.6	15.1	5.7	14.8	20.8	5.3	19.8	24.5	5.3	
Chronic Obstructive Pulmonary Disease	15	20.0	11.1		33.3	19.1		33.3	25.2		
Transient Cerebral Ischemia	13	0.0	1.7		7.7	3.8		15.4	6.4		
Stroke	49	32.7	22.3		38.8	29.1		40.8	33.2		
Hip Fracture	48	6.3	6.8		12.5	12.4		14.6	16.3		
Sepsis	25	16.0	27.7	••••	20.0	34.7		28.0	38.8		
PROCEDURES:											
Angioplasty	1	0.0	9.0		0.0	9.6		0.0	10.2		
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	8	0.0	2.7		0.0	5.2		0.0	7.8		
Carotid Endarterectomy	3	33.3	1.7		33.3	3.2		33.3	4.7		
Hip Replacement/Reconstruction	38	2.6	2.8		2.6	5.3		2.6	7.1		
Open Reduction of Hip Fracture	28	7.1	6.1	••••	17.9	11.5		17.9	15.6		
Prostatectomy	54	0.0	1.3	2.0	0.0	2.9	3.5	1.9	4.8	3.9	
Cholecystectomy	29	0.0	2.1		0.0	3.7		0.0	4.7		
Hysterectomy	25	0.0	1.4		0.0	3.1		0.0	4.6	•••••	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **TUALITY COMMUNITY HOSPITAL**

Medicare Provider Number: 380021

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	75.9 years	Cancer	8.4 %
Proportion female	58.0 %	Chronic cardiovascular disease	36.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	58.0 %	Chronic renal disease	0.7 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	17.7 %
Admitted for elective procedure	0.2 %	Cerebrovascular degeneration	4.0 %
Admitted for emergency	98.7 %	Diabetes mellitus	10.5 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

County/City	85.3%	Hospital	6.2 Days
Journey Oily	. 00.070	Hospital	0.2 Days
State	. 12.7%	State	6.0 Days
Outside State	2.0%	National	8.6 Days

ROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit
Occupancy Rate 39.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 30.9 %	Hospice Care N
Case Mix Index (CMI) 1.3057	Medical/Surgical Intensive CareYe
TAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 101	Other Intensive Care No.
Percent of Physicians Board Certified Specialists	Trauma Center N
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Registered Nurses	Alcohol/DrugN
	RehabilitationN
Licensed Practical Nurses	Psychiatric N

<sup>\*</sup> Not used in calculating mortality rates

#### **TUALITY FOREST GROVE HOSPITAL**

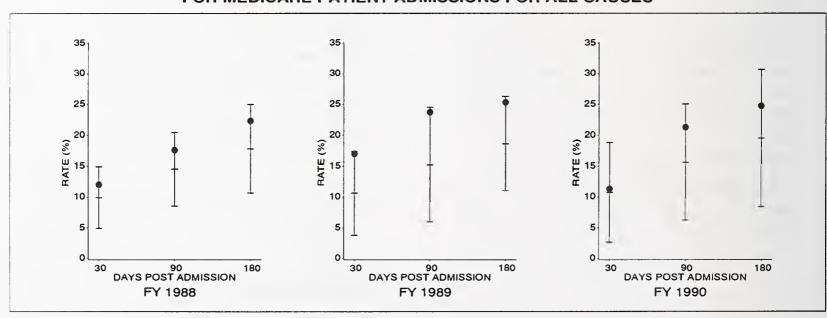
1809 MAPLE STREET FOREST GROVE, OR 97116 Medicare Provider Number: 380068

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				М	ORTALIT	Y RATE	S (%)			
			30 DAY	S	9	0 DAYS	3	18	0 DAYS	3
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	150	11.3	10.7	4.1	21.3	15.6	4.7	24.7	19.5	5.6
CONDITIONS:										
Acute Myocardial Infarction	10	20.0	25.4		30.0	29.0		40.0	31.6	
Congestive Heart Failure	13	7.7	16.3	••••	23.1	25.0		30.8	32.0	
Pneumonia/Influenza	19	15.8	12.4		21.1	17.1		26.3	21.2	
Chronic Obstructive Pulmonary Disease	2	0.0	3.3		0.0	6.2		0.0	8.7	••••
Transient Cerebral Ischemia	2	0.0	1.7		0.0	3.7		0.0	5.5	
Stroke	5	20.0	19.5		20.0	26.0		40.0	30.2	
Hip Fracture	2	0.0	4.1		0.0	7.1		0.0	9.0	
Sepsis	4	0.0	24.8		25.0	33.6		25.0	38.6	
PROCEDURES:										
Angioplasty	0									
Coronary Artery Bypass Graft	0									
Initial Pacemaker Insertion	0									
Carotid Endarterectomy	0									
Hip Replacement/Reconstruction	0									
Open Reduction of Hip Fracture	2	0.0	3.4		0.0	6.2		0.0	8.1	
Prostatectomy	0									
Cholecystectomy	3	0.0	1.8		0.0	3.3		0.0	4.3	
Hysterectomy	3	0.0	0.1		0.0	0.3		0.0	0.4	

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **TUALITY FOREST GROVE HOSPITAL**

Medicare Provider Number: 380068

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at adminates	70 7	Connec	4.0 %
Average age at admission	76.7 years	Cancer	4.0 %
Proportion female	67.3 %	Chronic cardiovascular disease	42.7 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	2.0 %
Referred by personal or HMO physician	42.7 %	Chronic renal disease	5.3 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	17.3 %
Admitted for elective procedure	38.7 %	Cerebrovascular degeneration	5.3 %
Admitted for emergency	56.0 %	Diabetes mellitus	10.0 %

#### ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	83.3%	Hospital	4.1 Days
State	12.3%	State	6.0 Days
Outside State	4.4%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 33.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 23.1 %	Hospice Care No
Case Mix Index (CMI) 1.0937	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians22	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
Medical Residents/Interns	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugYes
	Rehabilitation No
Licensed Practical Nurses 1	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

# UMPQUA VALLEY COMMUNITY HOSPITAL 127 NW DIVISION ST, BOX 629 MYRTLE CREEK, OR 97457

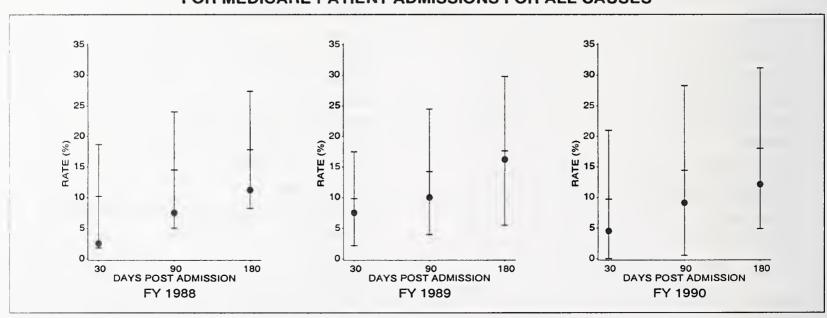
Medicare Provider Number: 380094

#### FY 1990 MEDICARE HOSPITAL MORTALITY RATES

,				MC	DRTALIT	YRATE	S (%)				
			30 DAY	S	9	0 DAYS	3	18	180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	66	4.5	9.7	5.6	9.1	14.4	6.9	12.1	18.0	6.6	
CONDITIONS:											
Acute Myocardial Infarction	2	0.0	26.3		0.0	34.1		0.0	38.0		
Congestive Heart Failure	4	0.0	19.1	•••••	0.0	25.7		0.0	31.5		
Pneumonia/Influenza	8	0.0	6.9		0.0	9.5		0.0	11.8		
Chronic Obstructive Pulmonary Disease	7	0.0	9.4	*****	14.3	15.8		28.6	20.7		
Transient Cerebral Ischemia	0										
Stroke	6	0.0	13.3		0.0	18.2		0.0	22.4		
Hip Fracture	1	0.0	8.2	*****	0.0	12.9	••	0.0	16.0		
Sepsis	1	0.0	11.8	••••	0.0	16.3		0.0	21.0	*****	
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	0										
Cholecystectomy	0										
Hysterectomy	0										

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **UMPQUA VALLEY COMMUNITY HOSPITAL**

Medicare Provider Number: 380094

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	75.7 years	Cancer	3.0 %
Proportion female	53.0 %	Chronic cardiovascular disease	36.4 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	84.8 %	Chronic renal disease	3.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	27.3 %
Admitted for elective procedure	1.5 %	Cerebrovascular degeneration	3.0 %
Admitted for emergency	10.6 %	Diabetes mellitus	10.6 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	۷:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.5%	Hospital	4.4 Days
State	5.8%	State	6.0 Days
Outside State	6.7%	National	8.6 Days
Total	100.0%		

PROFILE:		SPECIALTY SERVICES:
Total Beds	24	Burn Unit No
Ownership/Control Private, For Pro	ofit	Coronary Care Unit No
Case Mix Index (CMI) 1.05	32	Hospice Care No
STAFFING:		Intensive Care Unit No
Medical Residents/Interns	0	Organ Transplant No
Registered Nurses	7	Trauma Center No
Licensed Practical Nurses	0	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
		Alcohol/DrugNo
		RehabilitationNo
		Psychiatric No
		Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

VA HOSPITAL SAM JACKSON PARK RD PORTLAND, OR 97207 Medicare Provider Number: 38003F

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				M	ORTAL	TY RA	<b>\TE</b>	S (%)				
		30 DAYS			90 DA			DAYS		180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	ОВ	S PRI	ED	SD*	OBS	PRED	SD*	
ALL CAUSES	1	0.0	9.2		0.	0 11	.7	••••	0.0	14.8	••••	
CONDITIONS:												
Acute Myocardial Infarction	0											
Congestive Heart Failure	0											
Pneumonia/Influenza	0											
Chronic Obstructive Pulmonary Disease	0											
Transient Cerebral Ischemia	0											
Stroke	0											
Hip Fracture	0											
Sepsis	0											
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	0											
Carotid Endarterectomy	0											
Hip Replacement/Reconstruction	0											
Open Reduction of Hip Fracture	0											
Prostatectomy	0											
Cholecystectomy	0											
Hysterectomy	0											

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES

No Graphs are presented when the standard deviation was not computed for one or more of the three fiscal years, (1988, 1989, or 1990)

### VA HOSPITAL

Medicare Provider Number: 38003F

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	23.0 years	Cancer	0.0 %
Proportion female	0.0 %	Chronic cardiovascular disease	0.0 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	0.0 %	Chronic renal disease	0.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	0.0 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	0.0 %
Admitted for emergency	0.0 %	Diabetes mellitus	0.0 %

#### ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

RIGIN OF MEDICARE PATIENT ADMISSION	٧:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	0.0%	Hospital	6.0 Days
State	100.0%	State	6.0 Days
Outside State	0.0%	National	8.6 Days
Total	100.0%		

ROFILE:		SPECIALTY SERVICES:
Total Beds 540	)	Burn Unit Yes
Ownership/Control(Not Available)	)	Coronary Care UnitYes
Case Mix Index (CMI) 0.0000	)	Hospice CareYes
TAFFING:		Intensive Care UnitYes
Medical Residents/Interns 0	)	Organ Transplant Yes
Registered Nurses 0	)	Trauma Center Yes
Licensed Practical Nurses0	)	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
		Alcohol/DrugYes
		RehabilitationYes
		Psychiatric Yes
		Medicare Swing Beds N/A

<sup>\*</sup> Not used in calculating mortality rates

#### VALLEY COMMUNITY HOSPITAL

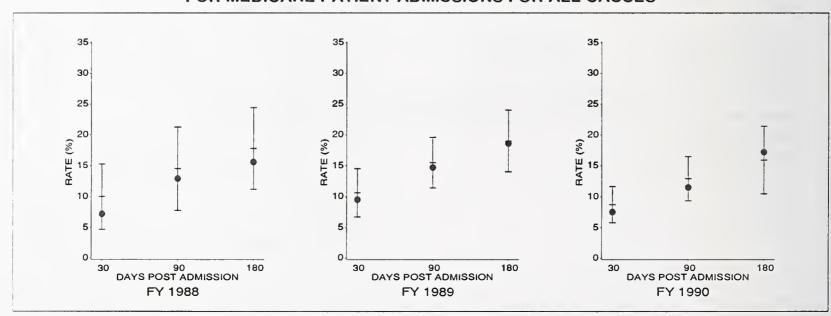
550 SE CLAY ST, BOX 378 DALLAS, OR 97338 Medicare Provider Number: 380084

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)										
		3	BO DAY	S	9	0 DAYS	3	18	0 DAYS	3		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*		
ALL CAUSES	400	7.5	8.7	1.5	11.5	12.9	1.8	17.2	15.9	2.7		
CONDITIONS:												
Acute Myocardial Infarction	13	15.4	17.6		15.4	20.9		15.4	23.5			
Congestive Heart Failure	19	5.3	14.2		15.8	22.5		36.8	28.3			
Pneumonia/Influenza	25	8.0	11.7		16.0	16.5		24.0	20.1			
Chronic Obstructive Pulmonary Disease	8	12.5	7.8		12.5	13.0		25.0	16.9			
Transient Cerebral Ischemia	6	0.0	2.4		0.0	5.2		0.0	8.5			
Stroke	19	10.5	15.9		10.5	22.1		15.8	25.9			
Hip Fracture	14	0.0	5.2		0.0	9.4		7.1	12.4			
Sepsis	6	0.0	19.0		0.0	24.9		16.7	29.8			
PROCEDURES:												
Angioplasty	0											
Coronary Artery Bypass Graft	0											
Initial Pacemaker Insertion	1	0.0	1.2		0.0	2.9		0.0	4.6			
Carotid Endarterectomy	8	0.0	1.5		12.5	2.6		12.5	3.6			
Hip Replacement/Reconstruction	5	0.0	3.3		0.0	6.3		0.0	8.9			
Open Reduction of Hip Fracture	2	0.0	5.3		0.0	9.6		0.0	12.1			
Prostatectomy	32	0.0	0.5		0.0	1.2		0.0	2.1			
Cholecystectomy	12	0.0	2.6		8.3	5.3	••••	8.3	8.1			
Hysterectomy	3	0.0	0.3		0.0	0.7		0.0	1.3			

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **VALLEY COMMUNITY HOSPITAL**

Medicare Provider Number: 380084

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.0 years	Cancer	4.3 %
Proportion female	55.0 %	Chronic cardiovascular disease	48.8 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.5 %
Referred by personal or HMO physician	51.8 %	Chronic renal disease	1.0 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	20.0 %
Admitted for elective procedure	30.0 %	Cerebrovascular degeneration	4.3 %
Admitted for emergency	7.0 %	Diabetes mellitus	7.0 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ı				
	ORIGIN OF MEDICARE PATIENT ADMISSIO	N:	MEDICARE AVERAGE LENGTH OF STAY:	
	County/City	72.5%	Hospital	4.8 Days
	State	24.0%	State	6.0 Days
	Outside State	3.5%	National	8.6 Days
	Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 44	Burn Unit No
Occupancy Rate 27.0 %	Cardiac Intensive Care No
Ownership/Control Private, For Profit	Comprehensive Geriatric Yes
Medicare Discharges 54.8 %	Hospice Care No
Case Mix Index (CMI) 1.4256	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center Yes
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationNo
Licensed Practical Nurses 7	Psychiatric No
** Except for CMI	Medicare Swing Beds Yes

<sup>\*</sup> Not used in calculating mortality rates

#### WALLOWA MEMORIAL HOSPITAL

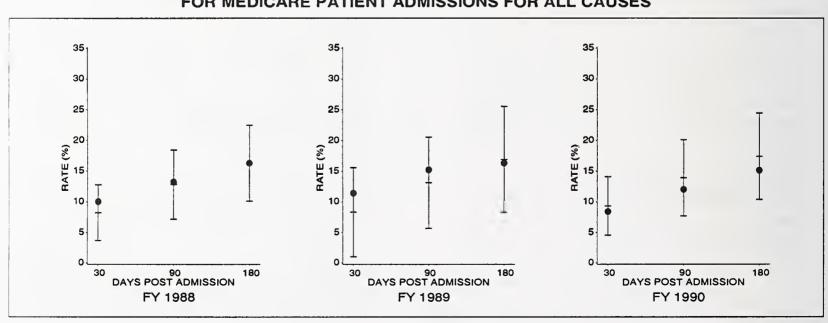
401 EAST FIRST STREET, BOX 460 ENTERPRISE, OR 97828 Medicare Provider Number: 380031

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		MORTALITY RATES (%)									
	NUMBER OF CASES		30 DAY	S	9	0 DAYS	3	180 DAYS			
CATEGORY		OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	166	8.4	9.3	2.4	12.0	13.9	3.1	15.1	17.4	3.5	
CONDITIONS:											
Acute Myocardial Infarction	9	22.2	21.8	••••	22.2	25.2		22.2	28.2		
Congestive Heart Failure	10	20.0	12.1		20.0	18.5		20.0	23.4		
Pneumonia/Influenza	25	4.0	11.3	••••	4.0	15.7		8.0	18.9		
Chronic Obstructive Pulmonary Disease	2	0.0	6.1		0.0	9.9		0.0	13.1		
Transient Cerebral Ischemia	2	0.0	2.7		0.0	6.3		0.0	10.3		
Stroke	8	25.0	23.6		50.0	31.4		62.5	35.5		
Hip Fracture	0										
Sepsis	2	0.0	19.3	••••	0.0	28.8		0.0	34.0		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	0										
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	0										
Open Reduction of Hip Fracture	0										
Prostatectomy	0										
Cholecystectomy	3	0.0	0.6	••••	0.0	1.1	••••	0.0	1.5	••••	
Hysterectomy	0										

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE (± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



### WALLOWA MEMORIAL HOSPITAL Medicare Provider Number: 380031

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

PEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	77.0 years	Cancer	6.6 %
Proportion female	52.4 %	Chronic cardiovascular disease	32.5 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.0 %
Referred by personal or HMO physician	48.8 %	Chronic renal disease	0.6 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	9.6 %
Admitted for elective procedure	0.0 %	Cerebrovascular degeneration	1.8 %
Admitted for emergency	4.8 %	Diabetes mellitus	6.0 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

ORIGIN OF MEDICARE PATIENT ADMISSION	N:	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	87.7%	Hospital	4.1 Days
State	6.8%	State	6.0 Days
Outside State	5.5%	National	8.6 Days
Total	100.0%		

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 19	990
PROFILE:	SPECIALTY SERVICES:
Total Beds	Burn Unit No
Occupancy Rate 18.0 %	Cardiac Intensive Care No
Ownership/Control Local Government	Comprehensive Geriatric No
Medicare Discharges 44.4 %	Hospice Care No
Case Mix Index (CMI) 0.9698	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 8	Other Intensive Care No
Percent of Physicians Board Certified Specialists(Not Available)	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationNo
Licensed Practical Nurses 0	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

#### WILLAMETTE FALLS HOSPITAL

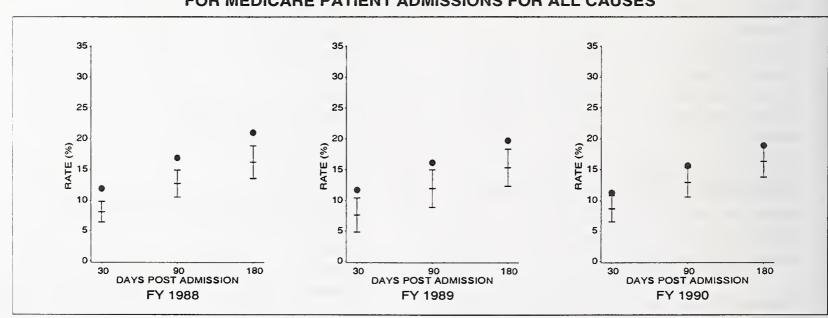
1500 DIVISION STREET OREGON CITY, OR 97045 Medicare Provider Number: 380038

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

		,	30 DAY	S	9	90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD	
ALL CAUSES	1215	11.2	8.6	1.1	15.6	12.9	1.2	18.9	16.3	1.	
CONDITIONS:											
Acute Myocardial Infarction	45	40.0	23.4		42.2	26.1		46.7	28.8		
Congestive Heart Failure	71	14.1	15.0	6.6	22.5	23.5	5.2	28.2	29.7	5	
Pneumonia/Influenza	59	20.3	12.3	5.4	23.7	17.3	7.0	33.9	21.2	7	
Chronic Obstructive Pulmonary Disease	10	20.0	8.9		30.0	14.3		30.0	18.8		
ransient Cerebral Ischemia	12	8.3	1.5		16.7	3.6		16.7	6.1	••	
Stroke	51	25.5	22.7	6.4	29.4	28.5	6.4	33.3	32.5	6	
lip Fracture	59	8.5	5.4	4.9	16.9	9.6	7.7	25.4	12.8	8	
Sepsis	16	6.3	13.0		6.3	19.7		6.3	23.4		
ROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
nitial Pacemaker Insertion	11	0.0	2.4		0.0	5.2		9.1	8.3		
Carotid Endarterectomy	8	0.0	2.1		0.0	3.9		0.0	5.9		
Hip Replacement/Reconstruction	40	5.0	3.5		10.0	6.7		15.0	9.4	•	
Open Reduction of Hip Fracture	29	6.9	5.2	•	17.2	9.2		27.6	12.3		
Prostatectomy	52	0.0	0.7	1.4	1.9	1.6	1.9	3.8	2.8	2	
Cholecystectomy	34	2.9	2.9		5.9	5.7		5.9	7.6		
Hysterectomy	16	0.0	0.5		6.3	1.1		6.3	1.8		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

## OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE ( ± 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



#### **WILLAMETTE FALLS HOSPITAL**

Medicare Provider Number: 380038

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	76.5 years	Cancer	6.2 %
Proportion female	58.6 %	Chronic cardiovascular disease	42.2 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.9 %
Referred by personal or HMO physician	66.7 %	Chronic renal disease	1.5 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	11.5 %
Admitted for elective procedure	26.4 %	Cerebrovascular degeneration	8.1 %
Admitted for emergency	39.2 %	Diabetes mellitus	6.4 %

#### **ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\***

County/City	85.7%	Hospital	5.3 Days
State		State	6.0 Days
Outside State	2.1%	National	8.6 Days

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 199	90
PROFILE:	SPECIALTY SERVICES:
Total Beds 100	Burn Unit No
Occupancy Rate 51.0 %	Cardiac Intensive Care No
Ownership.Control Private, Non-Profit	Comprehensive Geriatric No
Medicare Discharges 39.0 %	Hospice Care Yes
Case Mix Index (CMI) 1.2434	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians 114	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
Tribulous resolutions and resolutions and resolutions are seen as a second seco	Alcohol/DrugNo
110910101011111111111111111111111111111	Rehabilitation No
Licensed Practical Nurses 18	Psychiatric No
** Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used in calculating mortality rates

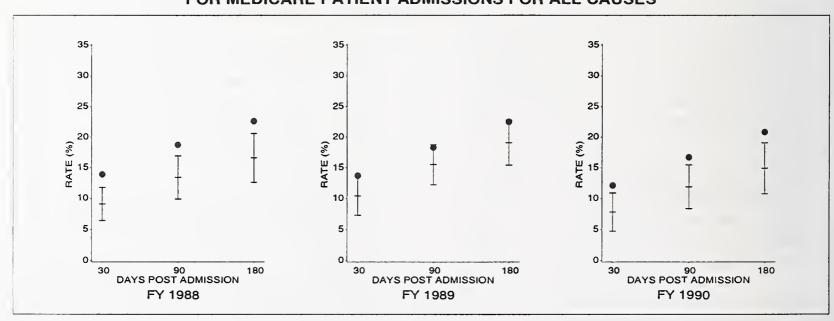
WOODLAND PARK HOSPITAL 10300 NE HANCOCK ST PORTLAND, OR 97220 Medicare Provider Number: 380010

#### **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

0	MORTALITY RATES (%)										
			30 DAYS			90 DAYS			180 DAYS		
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*	
ALL CAUSES	586	12.1	7.8	1.5	16.7	11.9	1.8	20.8	14.9	2.1	
CONDITIONS:											
Acute Myocardial Infarction	13	38.5	25.3		38.5	27.7		46.2	30.5		
Congestive Heart Failure	28	21.4	13.9		28.6	22.4		32.1	28.7		
Pneumonia/Influenza	37	10.8	14.1		21.6	19.9		35.1	23.5	••••	
Chronic Obstructive Pulmonary Disease	10	10.0	6.7		20.0	11.7		20.0	15.5		
Transient Cerebral Ischemia	5	0.0	4.2		20.0	8.9		20.0	13.5		
Stroke	25	28.0	17.5		28.0	23.5		36.0	27.7		
Hip Fracture	22	9.1	5.3		13.6	9.8		18.2	13.4		
Sepsis	6	16.7	19.9		33.3	28.0		33.3	32.8		
PROCEDURES:											
Angioplasty	0										
Coronary Artery Bypass Graft	0										
Initial Pacemaker Insertion	6	16.7	3.6		16.7	6.9		16.7	9.3		
Carotid Endarterectomy	0										
Hip Replacement/Reconstruction	10	0.0	3.5		10.0	6.5		20.0	9.1		
Open Reduction of Hip Fracture	13	15.4	5.0		23.1	9.6		23.1	13.1		
Prostatectomy	22	4.5	1.2		4.5	2.8		9.1	4.7		
Cholecystectomy	13	15.4	2.3		15.4	4.2		15.4	5.5		
Hysterectomy	8	0.0	0.3		0.0	0.6		0.0	1.1		

<sup>\*</sup> The Standard Deviation (SD) is not calculated if the number of deaths or cases is too small for satisfactory estimation.

#### OBSERVED MORTALITY RATE (\*) AND PREDICTED RANGE († 2 SD) FOR MEDICARE PATIENT ADMISSIONS FOR ALL CAUSES



# **WOODLAND PARK HOSPITAL**

Medicare Provider Number: 380010

#### FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

Average age at admission	71.5 years	Cancer	4.9 %
Proportion female	56.2 %	Chronic cardlovascular disease	24.4 %
DMISSION SOURCES/TYPES:		Chronic liver disease	2.2 %
Referred by personal or HMO physician	70.2 %	Chronic renal disease	1.5 %
Transferred from skilled nursing facility	0.0 %	Chronic pulmonary disease	15.7 %
Admitted for elective procedure	25.0 %	Cerebrovascular degeneration	13.3 %
Admitted for emergency	73.8 %	Diabetes mellitus	5.1 %

### ORIGIN AND LENGTH OF STAY OF MEDICARE ADMISSIONS\*

ORIGIN OF MEDICARE PATIENT ADMISSION		MEDICARE AVERAGE LENGTH OF STAY:	
ORIGIN OF MEDICARE PATIENT ADMISSION	v.	MEDICARE AVERAGE LENGTH OF STAY:	
County/City	79.9%	Hospital	5.2 Days
State	13.7%	State	6.0 Days
Outside State	6.4%	National	8.6 Days
Total	100.0%		

# **HOSPITAL CHARACTERISTICS\***

SOURCE: AHA Annual Survey of Hospitals** - Survey Year 1	990
PROFILE:	SPECIALTY SERVICES:
Total Beds 123	Burn Unit No
Occupancy Rate 36.0 %	Cardiac Intensive Care No
Ownership/Control Private, For Profit	Comprehensive Geriatric Yes
Medicare Discharges 35.8 %	Hospice Care No
Case Mix Index (CMI) 1.1351	Medical/Surgical Intensive Care Yes
STAFFING:	Organ/Tissue Transplant No
Total Number of Physicians	Other Intensive Care No
Percent of Physicians Board Certified Specialists	Trauma Center No
	OTHER SPECIALTY/HOSPITAL-BASED SERVICES:
	Alcohol/DrugNo
	RehabilitationNo
Licensed Practical Nurses	Psychlatric Yes
* Except for CMI	Medicare Swing Beds No

<sup>\*</sup> Not used In calculating mortality rates

# **OREGON**

# **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				МС	ORTALITY	RATE	S (%)			
		3	0 DAY	S	90	DAYS		180	DAYS	;
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS !	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	70,929	9.6	8.6	0.1	14.0	13.0	0.3	17.4	16.2	0.3
CONDITIONS:										
Acute Myocardial Infarction	2,619	24.1	25.0	0.9	27.5	27.9	1.4	29.9	30.6	1.3
Congestive Heart Fallure	3,180	16.7	14.5	1.0	26.4	22.9	1.1	33.1	29.1	1.2
Pneumonia/Influenza	3,342	14.1	14.3	0.6	19.7	19.8	0.7	24.2	23.5	0.9
Chronic Obstructive Pulmonary Disease	843	10.0	7.9	1.5	16.4	13.8	1.8	21.0	18.3	1.9
Transient Cerebral Ischemia	633	3.8	1.8	1.0	6.0	4.1	1.2	9.3	6.6	1.5
Stroke	2,759	22.3	19.6	1.0	28.1	25.9	1.1	32.2	29.7	1.3
Hip Fracture	2,251	7.8	6.4	8.0	13.1	11.4	1.0	16.3	15.0	1.2
Sepsis	810	21.1	22.6	1.9	29.9	29.9	2.7	34.2	34.5	2.7
PROCEDURES:										
Angioplasty	755	3.4	3.4	0.7	4.9	4.3	1.0	6.1	5.3	1.3
Coronary Artery Bypass Graft	1,054	6.0	5.3	0.9	6.9	7.4	1.0	7.8	8.5	1.1
Initial Pacemaker Insertion	462	2.4	3.0	0.9	4.5	5.8	1.5	7.6	8.4	1.6
Carotid Endarterectomy	662	1.5	1.4	0.5	2.1	2.5	0.9	3.9	3.8	0.9
Hip Replacement/Reconstruction	1,968	3.2	2.7	0.6	5.9	5.0	0.8	7.6	6.9	0.9
Open Reduction of Hip Fracture	1,037	8.1	6.0	1.1	13.3	10.9	1.4	16.8	14.5	1.6
Prostatectomy	3,065	0.6	0.7	0.2	1.4	1.7	0.4	2.6	3.0	0.5
Cholecystectomy	1,731	3.1	2.4	0.7	5.0	4.4	0.7	6.6	5.9	0.9
Hysterectomy	752	1.1	0.7	8.0	1.3	1.6	8.0	1.7	2.6	0.8

<sup>\*</sup> The Standard Deviation (SD) Is not calculated If the number of deaths or cases Is too small for satisfactory estimation.

# FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	74.4 years	Cancer	8.0 %
Proportion female	53.7 %	Chronic cardiovascular disease	35.3 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	0.8 %
Referred by personal or HMO physician	51.9 %	Chronic renal disease	2.8 %
Transferred from skilled nursing facility	0.2 %	Chronic pulmonary disease	14.6 %
Admitted for elective procedure	25.8 %	Cerebrovascular degeneration	4.3 %
Admitted for emergency	42.0 %	Dlabetes mellitus	6.9 %

# **ALL STATES**

# **FY 1990 MEDICARE HOSPITAL MORTALITY RATES**

				M	ORTALIT	Y RATE	S (%)			
		3	0 DAY	S	9	DAYS	3	18	0 DAYS	}
CATEGORY	NUMBER OF CASES	OBS	PRED	SD*	OBS	PRED	SD*	OBS	PRED	SD*
ALL CAUSES	6,542,299	9.0	9.0		13.9	13.7		17.3	17.1	
CONDITIONS:										
Acute Myocardial Infarction	204,673	25.3	25.6		29.5	28.7		32.1	31.4	
Congestive Heart Failure	335,426	14.3	14.4		22.9	22.8		29.2	29.0	
Pneumonia/Influenza	313,303	15.3	15.5		21.5	21.3		25.5	25.1	
Chronic Obstructive Pulmonary Disease	107,387	8.0	8.0		14.1	14.0		18.7	18.5	
Transient Cerebral Ischemia	96,866	1.8	1.8		4.0	4.0		6.4	6.5	
Stroke	241,803	19.7	19.8		26.5	26.3		30.4	30.0	*****
Hip Fracture	163,386	6.7	6.5		11.7	11.5		15.1	15.0	
Sepsis	80,999	25.6	25.7		34.6	33.8		39.8	38.6	
PROCEDURES:										
Angioplasty	58,026	3.0	3.0		4.0	4.0	••••	5.0	4.9	
Coronary Artery Bypass Graft	80,798	6.0	5.7		8.3	8.1		9.5	9.2	
Initial Pacemaker Insertion	49,642	3.2	3.3		6.5	6.3	****	9.1	9.1	
Carotid Endarterectomy	29,990	1.6	1.5		2.8	2.8		4.0	4.1	
Hip Replacement/Reconstruction	122,156	3.4	3.2		6.2	5.9	****	8.1	8.0	*****
Open Reduction of Hip Fracture	80,075	6.1	6.0		11.2	11.0		14.5	14.5	
Prostatectomy	211,087	0.9	1.0		2.2	2.3	••••	3.7	3.8	
Cholecystectomy	124,259	2.9	2.7		5.0	4.9		6.5	6.5	
Hysterectomy	53,905	0.7	0.7		1.4	1.5	••••	2.2	2.4	*****

<sup>\*</sup> The Standard Deviation (SD) is not calculated.

# FY1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES

DEMOGRAPHICS:		COMORBIDITIES:	
Average age at admission	<b>74.1</b> years	Cancer	7.6 %
Proportion female	55.9 %	Chronic cardiovascular disease	36.6 %
ADMISSION SOURCES/TYPES:		Chronic liver disease	1.0 %
Referred by personal or HMO physician	46.1 %	Chronic renal disease	3.4 %
Transferred from skilled nursing facility	1.1 %	Chronic pulmonary disease	15.0 %
Admitted for elective procedure	22.0 %	Cerebrovascular degeneration	3.9 %
Admitted for emergency	46.5 %	Diabetes mellitus	8.0 %



# Hospital Comments



# McKenzie-Willamette Hospital

A subsidiary of McKenzie-Willamette Medical Services

380020

March 19, 1992

Health Care Financing Administration Medicare Hospital Information Baltimore, Maryland 21207-5187

Dear Robert Moore:

McKenzie-Willamette Hospital appreciates the continued effort of the Health Care Finance Administration to develop a more meaningful interpretation of Hospital Mortality Statistics. The inclusion of variables that influence the Predicted Mortality Rate are most helpful in the development of more realistic and meaningful information.

McKenzie-Willamette Hospital has a concurrent review program that carefully monitors all deaths and designations of no code status. These efforts allow early recognition and corrective action of any quality issues that may be identified. We welcome the opportunity to validate our ongoing assessment against the contents of this report.

I would first make note that some of the demographic data for the Hospital is incorrect - we employ a fairly constant number of RN's at about 250 and have a Medical Staff comprised of approximately 275 physicians with either active or courtesy privileges.

It is noted that your records reveal none of the admissions reviewed were Nursing Home Admissions. Time has not allowed me the opportunity to quantify the number, but there are numerous admissions from Nursing Homes. This information provides us the opportunity to improve current record keeping.

Where there are sufficient numbers, the McKenzie-Willamette finds that it is within statistically significant ranges for observed versus predicted outcome.

Although there is some validity to the rational for using extended statistics that include 30,90 and 120 days post-discharge deaths, I remain concerned that this leads the Public to conclude that there is a correlation between the hospital care delivered during an admission and the outcome of death. Of the total 129 deaths reported, 50 occurred after discharge where the Hospital has no control. Of the 79 "inhouse" deaths, 1 was misreported and 29 were

Hospital Mortality Information McKenzie-Willamette Hospital Page 2

expected deaths with a no code or comfort care status. Another 34 were chronic, endstage patients - mainly longterm CHF or Respiratory conditions - that were designated Medical Management only.

Thank you for the opportunity to include our comments in the publication of the Medicare Hospital Mortality Information.

.//#

Sincerely,

Mel Pyne

Interim President

Stephen J. Aragon Chief Executive Officer Medicare Provider
No. 38-0071

March 18, 1992

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187
ATTN: Robert Moore

RE: CAVEATS REGARDING HCFA'S MEDICARE MORTALITY STATISTICS

Dear Dr. Wilensky:

When interpreting statistical data, there are pitfalls that beset the unwary researcher. Of more consequence is the fact that spurious statistical associations may escape the researcher's notice altogether and result in faulty conclusions by the reader as well.

The following is simply offered to help the reader identify these errors in logic and interpret HCFA's statistics in an enlightened and balanced way. By no means is the intent to impugn HCFA's quality of work. In this light, the following cautions are offered regarding HCFA's mortality statistics regarding MCH.

- 1. First, HCFA's statistics are based on the deaths of 50 patients who exhibited an average age of 81.8, with a standard deviation of 7.12.
- 2. Secondly, HCFA's statistics are based on deaths of 50 patients who exhibited an average of 7.14 different diagnoses, with a standard deviation of 2.52.
- 3. Thirdly, HCFA's statistics imply that patients' deaths are caused by one condition or procedure, without considering other conditions and without verifying the actual cause of death.

603 South Baker Street McMinnville, Oregon 97128 Telephone (503) 472-6131



- 4. Fourthly, HCFA's statistics are based on death occurring up to 180 days after admission, spuriously implying an association between the hospital and the death without verification. Obviously, patients die from many causes beyond a hospital's control following their discharge.
- 5. Fifthly, HCFA's predicted mortality rates for Conditions and Procedures are questionable because the number of cases (sample size) was too small.
- 6. Sixthly, HCFA itself admits that the precision and interpretablity of its mortality estimates for Conditions and Procedures are questionable due to inadequate sample size.

To improve the effectiveness of medical practice and the quality of care provided to Medicare beneficiaries, it is recommended that HCFA calculate observed and predicted mortality rates based on verified causes of death and adequate sample sizes to avoid the erroneous conclusions.

We are grateful for the opportunity to review and comment on HCFA's statistics concerning McMinnville Community Hospital. Further, we are hopeful that our comments advance HCFA's effort to improve the reliability of its release of Medicare mortality data and the quality of care provided to Medicare patients.

Please let us know if you have any questions regarding the above.

Sincerely

Stephen J. Aragon

SJA:gjy

cc: Chairman, Board of Trustees Chief of Staff



13 March 1992

Medicare Provider #380001

Gail R. Wilensky, Ph.D.
Administrator
Health Care Financing Administration
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Blvd.
Baltimore, MD 21207-5187
ATTN: Robert Moore

Re: For inclusion with release of post prostatectomy mortality data, Mid-Columbia Medical Center, fiscal year, 1990

Dear Mr. Moore:

During fiscal year 1990 two patients who had undergone prostatectomy at Mid-Columbia Medical Center died within six months of their surgery. Neither died of a related complication and neither death was in any way attributable to the surgical procedure.

One patient died from a self inflicted gunshot wound. The second patient died in a motor vehicle accident nearly six months following surgery.

No patient died as a result of his surgery or his prostatic disease. In fact, over the past seven years, patients treated at Mid-Columbia Medical Center have had a very low complication rate for this type of surgery.

Sincerely,

Mark D. Scott Administrator

ag



# OREGON HEALTH SCIENCES UNIVERSITY

University Hospital & Clinics
Doernbecher Children's Hospital
Hospital Administration

March 17, 1992

Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

ATTENTION: ROBERT MOORE

Dear Mr. Moore:

Oregon Health Sciences University (OHSU) commends the Health Care Financing Administration (HCFA) in its efforts to continuously improve methods for providing mortality comparison data. Despite the magnitude of this task, the known differences in patient populations cared for at tertiary care referral hospital's, and the well-documented limitations of severity adjustment based on billing information and minimal demographic variables<sup>1,2,3</sup>, we agree that pursuit of valid outcomes data collection and comparison is a key element for meeting HCFA's stated goal of improving the effectiveness of medical practice and the quality of care provided to Medicare beneficiaries.

Although data from our institution falls within 1 standard deviation at 30, 90, and 180 days overall, it is important to understand that the diagnostic and procedure specific information should be reviewed with caution for the following reasons:

-Like other tertiary care referral centers, Oregon Health Sciences University sees a unique group of patients that have essentially been selected out by other health care providers as being at high risk despite identical diagnostic codes and co-morbidities (note 35.5% referral rate). This undoubtedly makes comparison between hospitals problematic. Future efforts should attempt to compare like institutions and factor in the impact of variables that may be leading to referral that are not well controlled for in the present model (multiple co-morbidities, severity of co-morbidities, massive obesity, end-stage disease)

-As a tertiary care center that specializes in the care of <u>cancer patients</u>, <u>transplant patients</u>, <u>specialized neurologic and neurosurgical patients</u>, and <u>multiply injured trauma patients</u>, there is little doubt that the general population of Medicare Patients is not a comparable group.

-The effect of <u>socioeconomic status</u> on outcome has recently been reported in the medical literature<sup>4</sup> and should be factored in to future outcome comparisons. As a State Institution OHSU undoubtedly sees a greater proportion of medicare patients from lower socioeconomic groups which has been shown to have an adverse effect on outcome.

GAIL R. WILENSKY, Ph.D. March 17, 1992 Page Two

-Finally, the very low number of patients in each diagnostic and procedure group reflected in the table for OHSU, must be reviewed cautiously. Although the small numbers is explained to a certain extent by our low percentage of medicare discharges (19.5%), it must be noted that the listed diagnostic and procedure groups represent less than 10% of our overall Medicare Population and less than 1.5% of our overall inpatient discharges and thus cannot be considered to be representative of the whole. The small numbers make the observed vs predicted ratio meaningless. In addition the wide variation in these numbers in some diagnostic and procedure groups suggests that other potential causes of variation are not presently being considered (ex. Hip Fractures and Hip Surgeries--as a Level I Trauma Center, OHSU may be seeing a much higher proportion of patients with Hip Fractures following motor vehicle accidents rather than simple falls).

With these reservations in mind, we continue to support the HCFA in its efforts to provide valid outcomes data analysis. We intend to use this information in conjunction with our own Quality Improvement activities to help us focus our efforts as we too are dedicated to improving the effectiveness of medical practice and quality of care provided to all patients at Oregon Health Sciences University. It is our hope that improvements will continue to be made in the data analysis provided by HCFA in order to more accurately reflect severity of illness within diagnostic and procedure groups based as described above, provides comparison between like institutions, and more accurately variations in etiology amongst groups.

Sincerely,

Timothy M. Goldfarb Hospital Director

- Selecting a Proprietary Severity of Illness System, EC Geehr, MD, C&D Printing, Co., St. Petersburg, Florida, 1989.
- Health Care Quality Management for the 2lst Century, edited by JB Couch, MD, JD, FACPE, "Chapter 8: Severity Standardization and Hospital Quality Assessment", LI lezzoni, MD, MS, Hillsboro Printing Company, Tampa, Florida, 1991.
- JAMA, "Analyzing Hospital Mortality: The Consequences of Diversity in Patient Mix", J Green, PhD; L Passman, MD, PhD; N Wintfeld, PhD, 1991;265:1849-1853.
- New England Journal of Medicine, "Do the Poor Cost More? A Multihospital Study of Patients' Socioeconomic Status and Use of Hospital Resources", AM Epstein, MD, MA; RS Stern, MD: JS Weissman, PhD, 1990;322:1122-8.



# PACIFIC COMMUNITIES HOSPITAL

930 S.W. ABBEY NEWPORT, OREGON 97365

(503) 265-2244 Hearing Impaired: (TDD) 265-4275

MEDICARE PROVIDER NUMBER: 380003

#### Comments for Publication

Pacific Communities Hospital has received and reviewed the 1991 Medicare Mortality Data published by The Healthcare Financing Administration. Because the data for this hospital differed from the expected mortality, a focused study of mortality was performed in addition to the normal concurrent review of all deaths.

In the hospital's normal mortality review, one hundred percent of all in-house patient deaths are subject to review. However, the hospital is frequently not aware of those patients who expire three and six months after discharge. Because of this, a focused mortality study was conducted based upon the information provided by Medicare. For the review process, we developed a set of key criteria which were used to measure important aspects of patient care by diagnosis. These criteria included the use of available diagnostic tools, medication regimes, and post discharge follow-up care. The following was noted:

- 1. The focused study did not discern any particular problem areas of untoward patterns of care. Regardless of whether the review was by physician, diagnosis, or service, there were no discernable problem areas.
- 2. It was noted that with a small statistical pool, it was entirely possible that a small change in mortality could generate a greater statistical effect.
- 3. The focused review revealed that a number of patients who expired had executed either a directive to their physician, or durable power of attorney. In all instances, given the age and medical condition, the patients were managed properly.
- 4. An additional review was conducted on the pre-hospital care of the patients, since the majority of them arrived by ambulance. The result of the review was to confirm the overall impression that there had been significant improvements in pre-hospital care over the past several years.

In conclusion, we had some concern that Pacific Communities Hospital's actual mortality rate differed from the expected. However, our focused study has not indicated that this is a result of any particular problem area in this hospital or its' medical community.

We appreciate the opportunity to explore, in depth, these patient outcomes with the goal of continuously striving to identify opportunities to improve the care we deliver to the patients we serve.

Michael R. Fraser Administrator

PACIFIC COMMUNITIES HOSPITAL

PROVIDENCE MEDICAL CENTER 4805 NORTHEAST GLISAN STREET PORTLAND, OREGON 97213-2907 PHONE: (503) 230-1111



MAILED BY FEDERAL EXPRESS

March 19, 1991

Gail R. Wilensky, Ph.D., Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187

RE: Medicare Provider

#380061

ATTN: Robert Moore

Thank you for the opportunity to comment on the 1990 mortality information prior to publication by HCFA.

This is helpful information to the hospital and its medical staff as we continue to monitor patterns and trends in mortality statistics. Overall, Providence Medical Center's mortality rate information is very favorable. One area, coronary bypass surgery, merits further comment and study.

In analyzing the statistics provided by HCFA, we have investigated the same information contained in the hospital's data base on Medicare discharges, and the Heart Center data base which is part of a national registry system. In this analysis we discovered differences in numbers from the two local data bases and HCFA's information. In 1990, HCFA reported 106 cases in the coronary bypass surgery category; we show 153 cases. HCFA shows 13 deaths; we show 18 deaths for a change in the death rate reported by HCFA as 12.3% to the Heart Center reported death rate of 11.76%.

Because we noted a slight increase in the mortality rate in 1989, the Heart Center Clinical Outcomes Committee has been studying the cases since 1989, trying to understand whether there is a pattern or a trend that can be identified. As a result of this ongoing effort we know that our mortality rate in 1991 is 4.91%, based on 192 cases and nine deaths within 30 days.

Robert Moore March 19, 1991 Page Two

In addition to the review by the Heart Center, every death in the hospital is reviewed by the appropriate medical staff department quality assessment committees. Analyses of mortality is taken very seriously. This evaluation takes into account the risk factors, co-morbid conditions, complications, overall trends and patterns by service and physician. The HCFA data provides us with yet another level of analysis that is used for evaluation and improvement.

Thank you again for the opportunity to comment.

Cordially,

Russell E. Danielson

Administrator

Providence Medical Center

RED: cws

PROVIDENCE SEASIDE HOSPITAL

725 SOUTH WAHANNA ROAD P.O. BOX 740 SEASIDE, OREGON 97138 PHONE: (503) 738-8403 FAX: (503) 738-5325 MARCH 17, 1992

SERVING IN THE WEST SINCE 1856

Gail R. Wilensky, Ph.D., Administrator HCFA/Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

MEDICARE PROVIDER NUMBER 380042

ATTN: Robert Moore

Dear Ms. Wilensky and Mr. Moore,

Enclosed are our comments for publication in response to the FY 1990 HCFA Mortality report recently sent to our facility.

The only area that Providence Seaside Hospital is above the predicted rate for mortality is in the category of Pneumonia.

The overall observed mortality data indicates that Providence Seaside Hospital's mortality rate is lower in 1990 than in the two previous years where data is presented.

It should be noted that the data for admission source/types shows only 1.9% admitted from the emergency department for emergencies, however our records show an emergency admission rate for Medicare patients to be 54% for 1991. This number is consistent with practice in the emergency department for a number of years at Providence Seaside Hospital.

#### PNEUMONIA MORTALITY REVIEW CONCLUSIONS:

MEAN AGE: 78.6 years

AVERAGE NUMBER OF CHRONIC COMORBID CONDITIONS: 3

NUMBER OF PATIENTS LIVING OUTSIDE THE HOME FOR ONGOING CARE (4/6) 66%

AVERAGE TIME IN WEEKS AFTER DISCHARGE FROM PROVIDENCE SEASIDE THAT THE PATIENTS DIED: 52/4 or 13 WEEKS

The review of patients who's last hospital admission was for treatment of pneumonia at Providence Seaside Hospital , showed no pattern or trend of inadequate care delivered by Providence Seaside. All patients discharged met all discharge criteria at the time of their discharge. Appropriate discharge planning

SISTERS OF PROVIDENCE INSTITUTIONS—ALASKA: PROVIDENCE HOSPITAL, ANCHORAGE—OUR LADY OF COMPASSION CARE CENTER, ANCHORAGE—WASHINGTON: PROVIDENCE CENTRAL MEMORIAL HOSPITAL, TOPPENISH—PROVIDENCE HOSPITAL, EVERETT—PROVIDENCE MEDICAL CENTER, SEATTLE—MOUNT ST. VINCENT NURSING CENTER & RETIREMENT APARTMENTS, SEATTLE—ST. ELIZABETH MEDICAL CENTER, YAKIMA—ST. PETER HOSPITAL, OLYMPIA—PROVIDENCE CHEHALIS, CHEHALIS—PROVIDENCE HOSPITAL, CENTRALIA—OREGON: PROVIDENCE CHILD CENTER, PORTLAND—PROVIDENCE MEDICAL CENTER, PORTLAND—ST. VINCENT HOSPITAL AND MEDICAL CENTER, PORTLAND—PROVIDENCE SEASIDE HOSPITAL, SEASIDE—PROVIDENCE HOSPITAL, MEDFORD—PROVIDENCE MILWAUKIE HOSPITAL, MILWAUKIE—CALIFORNIA: PROVIDENCE HOSPITAL, OAKLAND—PROVIDENCE HIGH SCHOOL, BURBANK—SAINT JOSEPH MEDICAL CENTER, BURBANK.

medicare provider number 380042

page 2

efforts were completed for the four patient's discharged alive, that later died. Four of the four that wee discharged alive were sent to Long Term Care facilities in the neighboring communities. The four patients living outside the home resided at 3 different facilities at the time of their death, this further substantiates that these individuals were chronically ill and unable to care for their own needs. The two patients who died within the institution had aggressive treatment administered, consistent with the wishes of the patient and family until which those wishes changed to allow the patients to die without further medical heroics. These two charts were reviewed for mortality within the hospital's quality assurance system.

Sincerely,

Ron Swanson, Administrator



# SACRED HEART GENERAL HOSPITAL

1255 HILYARD STREET • P.O. BOX 10905 • EUGENE, OREGON 97440 • PHONE 503/686-7300

Response from: Sacred Heart General Hospital

# **COMMENTS REGARDING**

# HCFA MEDICARE MORTALITY INFORMATION

Sacred Heart General Hospital, Eugene, Oregon is a tertiary regional medical center which provides a full range of patient services including accreditated programs in Trauma, Cancer Care, Hospice, Rehabilitation and acute care services.

The overall mortality rate of 8.4% for the thirty day interval is consistently lower than previously reported rates of 9.0%, 9.9% and 10.8% for HCFA reporting years 1989, 1988, 1987. The overall 90 and 180 day intervals show the same trend.

Analyzing the predicted mortality rates using the two standard deviations demonstrates that nearly all rates for the 30, 90 and 180 day intervals fall within this range, which indicates that any differences are probably due to random variance. The few exceptions will be analyzed for additional patient characteristics, since no pattern exists for the three-year period.

Analyzing the predicted mortality rate formula, it was noted that "Admission Sources/Types" lists a 0.1% rate of transfers from a skilled nursing facility. Analyzing our internal data demonstrated that at least 1% of our Medicare admissions of 1990 transferred from a skilled nursing facility. Since this is an element used in determining the predicted mortality rate, the predicted range for Sacred Heart General Hospital is skewed low.

The opening of our cardiac intensive care unit in July of 1990 is not reflected under the "Hospital Characteristics".

The monitoring of quality of patient care is important and should be maintained through a peer review process utilizing a range of criteria and evaluation by peers. No independent research studies have been conducted which validate the ability of HCFA mortality data methodology alone to explain differences in quality of care. Therefore, caution should be used in interpreting mortality rate information and in using such data in evaluating quality of care.



Gail R. Wilensky, Ph.D., Administrator Health Care Financing Administration Medicare Hospital Information Bureau of Data Management and Strategy Room 3-A-12, Security Office Park Building 6325 Security Boulevard Baltimore, Maryland 21207-5187

Attention: Robert Moore

Dear Dr. Wilensky:

RE: Salem Hospital - Medicare Provider Number 380051

The HCFA annual release of Medicare hospital information appears to be inaccurate as it relates to Salem Hospital's actual experience.

The HCFA analysis, FY 1990 VALUES FOR SELECTED EXPLANATORY FACTORS USED TO PREDICT MORTALITY RATES, reports the percent of Salem Hospital Medicare inpatients admitted from the Emergency Department as 17.1%; the national norm is 46.5%.

Salem Hospital, in fact, admitted 46.1% of its Medicare inpatients from the Emergency Department. The HCFA analysis is under-reporting the number of inpatients admitted from the Emergency Department.

The admission source of Emergency Department represents a significant risk factor in the HCFA algorithm. Since this risk factor was left out for many of the inpatients evaluated, the HCFA analysis yields bias expectations and results in inappropriately lower expected deaths.

Salem Hospital is concerned that if HCFA was unable to identify all of the Emergency admits they might also have missed other important factors in their analysis which, without access to the HCFA dataset, we are not able to identify at this time. Hopefully, there will be efforts by HCFA to work with Salem Hospital to correct errors and validate their results before publication.

We look forward to working with HCFA on improving the quality of Salem Hospital's contribution to HCFA's annual Medicare information release.

Sincerely,

SALEM HOSPITAL

Evan S. Lewis, President

ESL: lbk

# Willamette Falls Hospital

March 17, 1992

Provider No. 38-00-38

Gail R. Wilensky PhD, Administrator
Health Care Financing Administration
Medicare Hospital Information
Bureau of Data Management and Strategy
Room 3-A-12, Security Office Park Building
6325 Security Boulevard
Baltimore, Maryland 21207-5187

Attention:

Robert Moore

#### Gentlemen:

Thank you for the opportunity to respond to the Health Care Financing Administration release of data regarding mortality for FY 1990.

Willamette Falls Hospital is a general acute care hospital serving the rural/suburban area of Oregon. The medical staff as has been their practice continues to include mortality review as part of ongoing quality assessment activity. Trending over the past three years indicates a constant mortality rate. The data also reflect that each year the overall projected rate and our actual have been approaching greater alignment.

A comprehensive review has been done of all patients who expired within our facility. It is noteworthy that 90% of our patients and their families requested a "Do not resuscitate" order. Case review substantiates the severity of their complex respective illnesses. Because of these two factors it is important to note that over 70% expired within 72 hours of admission. Thus, the patient's desire was considered when developing the plan of care at time of admission.

Health Care Financing Administration Page 2

In keeping with the hospital's goal of providing high quality of medical care, we will continue to strive to deliver the highest currently available medical care while being sensitive to the wishes of the patients and their families. Continuous quality assessment and quality improvement efforts at multiple levels throughout the hospital assure these goals are being met.

Sincerely,

Debra MacDougall

Assistant Administrator

DM/CC

cc: Dr. Murray Joe, Chief of Staff







